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CLINICS.

Treatment of Cancer by Dilute Solutions of the Chloride of Zinc.—The *Medical Times and Gazette* (April 25, 1857) contains the particulars of some cases in which Mr. Stanley has pursued the plan of treating cancers by much-diluted solutions of chloride of zinc. "Their results," says the reporter, "certainly prove that the destruction and enucleation of an ulcerated cancerous tumour may be effected by the use of solutions so weak as to be all but painless, and without necessitating the confinement of the patient to bed for a single day. Without venturing at present to assert that this plan, when persevered in in a great number of cases in various conditions of health, will be found to be absolutely void of danger, yet most will doubtless admit that the risk attaching to it will prove to be infinitely small, far less than that of excision, and that which attended the use of arsenical pastes. As far

as we know, chloride of zinc, when used in its most dilute solutions, never causes deleterious effects from its absorption into the system, nor does its application ever tend to excite erysipelatous inflammation of the part. An operation for the removal of a cancer, involving as it does the exhibition of chloroform, a considerable loss of blood, a period of a week or so in which the patient is feverish and ill, and takes little food, and subsequently a considerable suppuration, must be granted to be likely, even in those cases in which the patients recover well, not to have exerted any beneficial influence on the subsequent health. And such indeed is but too frequently observed by those who follow up their cases after dismissal. It is not at all uncommon to find patients who have never regained such health as they had prior to the excision, although their recovery from its immediate effects may have been as satisfactory as usual. Without, therefore, saying anything whatever as to

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the probability of the return of the disease being greater or less after one or the other method of removal—for as to this we have as yet no facts, and to speculate would be worse than useless—we may safely assert that the plan which Mr. Stanley is trying possesses some very important advantages. Nor is it among the least of these that it may be expected to prove useful in certain cases not well suited for the knife, as, for instance, where the cancer is deeply ulcerated and borders upon important parts. In some regions of the body it will be particularly appropriate for it. On the tongue, in the cheeks, on the lips, etc., it can manifestly be used but very imperfectly, and will probably never supersede the knife; while it may be applied with ease and efficiency to cancers of the breast, or indeed of any well-exposed surface, and particularly to those of the penis or of the extremities.

"While on this subject we may just notice as an additional fact a case in which Mr. Hutchinson has been employing a solution of the strength recommended by Mr. Stanley against a large recurrent fibroid tumour of the uterus. The woman, an out-patient at the Metropolitan Free, had been twice operated upon during the past year, but after each the tumour had again appeared and increased with great rapidity. At the time the trial of the solution was made it had grown to the size of an infant's head, and filled the uterus, projecting a little at the open os. The plan adopted was to pass a small catheter into the middle of its structure, and gradually inject into different parts about two ounces of the solution (one ounce of Sir W. Burnett's fluid to eight of water). This was repeated every third day for about three weeks, and had the effect of causing some fragments of the growth to slough and come away. They were, however, of but small size when compared with what remained; and as the tumour went on increasing it was at length desisted from. No ill symptoms had been caused, although a good deal of smarting would generally follow the injections."

The Pain after the Application of Dr. Fell's Caustics.—There is a woman now in the Cancer Hospital at Brompton, named Louisa Brown, who states that she left the Middlesex Hospital about eight weeks ago, having been there seven weeks in Stafford Ward, during which time Dr. FELL had

many women in the same ward upon whom he applied his caustics almost daily. So far from these applications being painless, as some have asserted, Louisa Brown states that the screams and cries of the women were so dreadful, and their moaning at night so heart-rending, that she could not bear to stay in the Hospital, and left on that account. She says that the first applications are not very painful, but that the "dreadful pains" began two or three hours afterwards, and lasted throughout the three weeks or more occupied in the removal of the diseased part. Some women suffered more than others, but all to a very great degree. Vomiting was also very troublesome. Many women had two and three composing draughts in the course of each night, but still the pain was very severe. We may add that this account is corroborated by the statement of a lady we have seen in private practice who was under Dr. Fell's care.

Cancer of the Tongue removed without Bleeding, by the Ecraseur.—Return of the Disease.—There is now under Mr. De Morgan's care in the Middlesex Hospital an old man, from whom a cancerous ulcer of the tip of the tongue was removed about two months ago by the écraseur. The excision involved a portion about the size of the ends of two fingers side by side, and was performed without the loss of more than a very small quantity indeed of blood. The surface merely oozed. The wound healed well, and the man was discharged. About a month after the wound had cicatrized, however, the disease reappeared in the scar. It is not now intended to attempt anything further.—*Med. Times and Gaz.*, March, 21, 1857.

Treatment of Nevus by the Perchloride of Iron.—The perchloride of iron still holds its place as a very useful agent in the treatment of some forms of nevus. Mr. Lawrence in St. Bartholomew's and Mr. Cock and Mr. Hilton in Guy's, frequently employ it as at first proposed, by means of injection. Used in this way, its chief advantages are in cases in which the growth is too large to be ligatured or excised. Repeated injections of small quantities at a time appears to be the most successful method, as larger ones risk sloughing. There is a case now in the Middlesex Hospital under the care of Mr.

Morgan, in which a nævus of the middle of the upper lip spread rapidly and ulcerated through the lip, leaving a large fissure. In this, by the use of the perchloride, much advantage has been obtained; the disease does not appear to be spreading. The child's condition is now that of a single harelip, both edges being, however, involved in nœvoid structure. Mr. Bowman, in two cases recently under his care, in which the nævus was on the eyelid, has employed the perchloride, introduced by a thick ligature of silk. One of these was that of an infant at the Ophthalmic, on whom we saw him operate the other day. The nævus was about the size of a sixpence, and involved the centre of the upper eyelid, being partly cutaneous and partly under the skin. To have tied it would have involved a subsequent eversion of the lid; and it became a problem of much interest to cure it without leaving a scar. The plan adopted was to draw through its centre two large ligature threads previously soaked in the perchloride. To prevent the threads from being squeezed dry in entering the skin, punctures were made in the latter with the point of a knife, and a broad needle was employed. So complete was the coagulating power of the fluid, that the threads came out quite unstained, and not a drop of blood escaped from the punctures. This having been done, a small actual cautery, about the size of a probe, was introduced into the middle of the nævus, and made to burn subcutaneously a little patch in its centre. The seton threads were to be taken out the same evening. It was hoped that the irritation, etc., which must follow these procedures would destroy the morbid vascularity of the part; and the plan altogether struck us as exceedingly likely to be successful, and at the same time possessing the great advantage of being quite free from risk. Its success it will be for time to determine. With the perchloride, in cases in which the nævus is too large to be safely tied, much patience must be exercised. Many injections will be required, and the shrinking of the vascular tissue will often not be nearly so great at the time as it will become after the lapse of a few months. As exemplifying the dangers of the ligature, we may mention that the writer assisted a fortnight ago in tying a very large nævus on the side of the face in a case in which the infant, healthy at the time, died a week afterwards, and probably from the irritation caused.—*Med. Times and Gaz.*, March 21, 1857.

Tapping Ovarian Dropsy, and Injecting the Cyst with Iodine; fatal result.—The following outline of the case will prove of interest at the present moment; it has been kindly furnished us by Mr. GEORGE W. LAWRENCE, house-physician to King's College Hospital:—

Maria F—, aged 32 years, mother of several children, the subject of ovarian dropsy for the last eighteen months, twice tapped during the last three months. A large unilocular cyst, with a hard tumour at its base, somewhat larger than a foetal head. Tapped by Mr. Fergusson on the 31st of January, 1857; and four ounces of the compound tincture of iodine injected into the cyst, with four ounces of water, nineteen pints of fluid having been first drawn off. She died the sixth day after the operation, apparently from exhaustion, having been in the intermediate time almost constantly delirious, and having, during the first four days, excessive vomiting. The vomiting contained iodine in large quantity, in a state of combination; iodine was also found in the urine, tears, and sweat. At the *post-mortem*, the cyst was found to be a large unilocular one, occupying almost the whole of the abdomen, and the tumour at its base, to consist in part of a large number of small cysts, filled with the same albuminous liquid as the larger cavity, and the back part of a malignant growth. There was a great abundance of lymph thrown out in the larger cavity, but no adhesion, probably because fluid had been thrown out again so rapidly as to separate the surfaces. There was no trace of peritonitis; nor could any iodine be found in any of the fluids of the body by careful analysis.

We saw a second case submitted to the same treatment last Saturday. The patient was a female, aged 35 years, under Dr. Todd's care. She had been tapped five or six times before, which was repeated on the present occasion by Mr. Fergusson, when the iodine, about a pint of the solution, was injected. There were a number of immense veins coursing over the abdomen, which became smaller when the fluid was withdrawn.

We may remark, that in both these cases paracentesis was performed with the patients in a recumbent posture on their sides—a peculiarity of some importance which we have noticed at no other hospital. The advantages of doing it in this position are quite apparent.—*Lancet*, March 7, 1857.

Spontaneous Cure of a Psoas Abscess.—

It is no uncommon occurrence to meet with instances of angular curvature of different portions of the spinal column in a cured condition—that is, without an abscess, if one has formed—bursting externally, the matter having been absorbed. These are seen frequently in the streets of London. But a spontaneous recovery from caries of the spine, associated with a large abscess, is a very great rarity indeed. Such a case, however, is in Sanctuary ward of the Westminster Hospital, under Mr. BROOKES' care, in the person of a short girl, aged 17 years, who has been for many years the subject of angular curvature of the lower part of the lumbar spine, with caries of the bodies of the bones, and a large psoas abscess for the last nine months, which pointed in the thigh, and was punctured. Very large quantities of matter continued to flow for some time; it became diminished, and several undoubted fragments of the bodies of the diseased vertebrae came away. The girl's health began to improve, her strength and flesh to return, and for the last seventeen days she has been up and walking about the ward. There is still a little discharge, but not of much moment, and there is every reasonable hope of a permanent spontaneous cure. Her stay in the hospital has been about five months.

There is a case of psoas abscess in the Royal Free Hospital, under Mr. THOMAS WAKLEY'S care, of a man aged 37 years, who was admitted in May last. Here there was at one time the most profuse discharge; but now it is reduced to less than an ounce a day, with great improvement of the general health, with exercise about the ward. Up to the present time, however, there is no curvature or angular deformity of the spinal column, although from the general symptoms we believe the bones are engaged in the lumbar region. He suffers from occasional attacks of diarrhoea.—*Lancet*, March 7, 1857.

Partial Blue Line of the Gums in Lead Colic—a Sulphuret of Lead.—In a case of lead-colic in a young female (an operative from a white-lead factory), in the Royal Free Hospital, Dr. BRINTON drew attention to the very partial character of the blue line on the dental edge of the gums. The teeth were quite clean, and free from any decay; in fact, beautifully healthy. The lead line was

limited to three of the four incisors of the lower jaw. The case was severe; but (as usual) yielded at once to appropriate treatment. Dr. Brinton regards the blue line as the sulphuret of lead, and hence as produced by the deoxidation of some salt of lead; but the mode of this deoxidation seems to him doubtful, perhaps even variable. He states that in ordinary lead paint, or glazed cards, it is easy to see that the minute quantity of sulphuretted hydrogen present in the air quite suffices slowly to form a sulphuret; and it is equally certain that the larger amount of this gas often present in many parts of the digestive canal exerts a still more energetic action of the same kind on salts of lead taken into it medicinally. But in the case of the blue line around the dental edge of the gum, that this deoxidation is effected ("conditionated") by the teeth, is shown by its abrupt cessation where the mucous membrane has closed over an extracted tooth. He therefore inclines to conjecture that the lead is derived from the saliva; and deoxidized possibly by vital actions connected with the chemistry of the teeth, but probably in a still greater degree by an absorption and concentration of the saliva retained in the groove of the gum, followed by an exposure to the sulphuretted hydrogen of the air, or to that of its own decomposition. The analysis of the saliva in lead poisoning would, Dr. Brinton thinks, test this view, which in the mean time certainly has the merit of explaining most of the varieties of lead line he has hitherto seen. In the above case, for example, he should conjecture that the limitation of the blue line to the undermost incisors was determined chiefly by the exposure of these teeth to the external air—an exposure brought about by a slight peculiarity of the patient's mouth.—*Lancet*, April 4, 1857.

Good Effects of Guaiacum in Cynanche Tonsillaris.—Dr. BRINTON has been treating several cases of cynanche tonsillaris at the Royal Free Hospital, on what he informs us has been his usual plan for many years—a plan so simple and so efficacious as to deserve mention. He regards the tonsils as an offshoot of the intestinal canal, and considers that not only is constipation, in most cases, an element of the malady, but that, on the above view, the inflamed structures are best relieved by free purging, and perpetual gargling and fomentations with hot

water. For the first of these indications he relies chiefly on powdered guaiacum, which he gives in large (one scruple to one drachm) doses, every four hours; often in combination with opium, aloes, and jalap, and suspended in mucilage. He finds that, if commenced tolerably early, this treatment generally averts all abscess, and even later, rapidly removes the malady, while it allows of a rapid recovery, very unlike the long convalescence which often follows bleeding, blisters, and tartar emetic.—*Lancet*, April 4, 1857.

Belladonna in Incontinence of Urine.—L. B., aged 8 years, was admitted as an out-patient at the Hospital for Sick Children, under the care of Mr. ARTHUR JOHNSON, in July last, on account of incontinence of urine. This infirmity had existed since birth, and she had frequently been under treatment for it, both in private and at St. Bartholomew's Hospital, without, however, deriving any material benefit. At the time of her admission, the urine was acid, and nothing particular was observed as to its composition. She used to pass it frequently in the day, and usually wetted her bed two or three times during the night. She was treated at first, up to October 29th, with purgatives, alkalies, and blisters to the sacrum, but without any improvement being thereby obtained. It may be observed that there were no worms. At the above date, she was ordered one-eighth of a grain of extract of belladonna night and morning. On November 22d, it is noted that the child had been doing very well since the use of the belladonna, and that she only passed urine in bed about once in a week. After this, she did not attend regularly; and on February 11th, after an absence of more than a month, she again presented herself in much the same state as at first, the urine being again passed frequently. The belladonna was resumed, and the incontinence again materially checked, especially at night. On February 25th, the quantity of the drug was increased to one-sixth of a grain; and on March 18th, when last seen, she had not passed water in bed since the previous date.

Remarks.—This case, though it cannot be said to be perfect, in consequence mainly of the inattention of those who had care of the child, illustrates forcibly the good effect which the use of belladonna unquestionably has, in many cases, on irritability of the

bladder. The affection appears to have been congenital, all kinds of other remedies had been adopted without effect; and the improvement following on the administration of belladonna was as marked as the relapse which ensued on the omission of the treatment. It is offered, not as an instance of perfect cure, but as a well marked example of the power of the drug over this particular symptom. No other effect was observed to follow its administration.—*British Med. Jt.*, March 28, 1857.

Phlegmasia Dolens after Fever.—Dr. RISON BENNETT has at present under his care in St. Thomas's Hospital a case of much interest, in which phlegmasia dolens has followed typhoid fever. The patient is a young woman, previously in good health, and the attack of fever was a mild one. Just as the fever was passing off she began to complain of pain in the iliac fossa and down the thigh, and shortly after swelling of the leg took place. The swelling has since increased until it now involves the whole extremity, and presents an excellent example of the condition known as "White leg." About the upper part of the thigh are numerous enlarged superficial veins, which may no doubt be held to denote the obstruction of the deeper ones. She is now in very fair health, and her countenance is not expressive of much constitutional suffering. There have not occurred any indications of secondary abscesses or deposits of pus in the joints. Phlegmasia dolens has been described as an occasional but rare sequelæ of fever, both by Dublin and Glasgow physicians; but our impression is that it is of extreme infrequency in London, and has not attracted much attention, even among those of large hospital experience. Dr. Graves has recorded a case at page 261 of the first volume of his *Clinical Lectures*, in which a young woman just recovering from fever, with gastric symptoms, had a sudden development of pyæmic symptoms, attended with swelled leg. Death took place on the seventh day after this outbreak, the attack having been marked by severe rigors, with intense pain in one breast, and in various parts of the extremities. In it, however, the symptoms were much more acute than in that now under Dr. Bennett's care, and resembled those of pyæmia, rather than of phlegmasia dolens. The connection between these affections and fever is probably to be

found in the absorption of some irritant materies from the intestinal ulcers, and the production by it of phlebitis of the pelvic veins. The difference between the two cases above mentioned is, doubtless, that in the one an adhesive inflammation has been set up, causing obliteration and the phenomena of obstruction only; and in the other a suppurative one, causing contamination of the blood, and the symptoms of general pyæmia.—*Med. Times and Gaz.*, April 25, 1857.

Clinical Lecture on Excision of the Hip-Joint. By JOHN ERICHSEN, Esq., Professor of Surgery in University College.

Gentlemen: I wish to-day to direct your attention to excision of the hip-joint, in reference to an operation of this description which I performed a few weeks ago. But before proceeding to speak of the operation itself, I must say a few words on the subject of hip-disease generally, in order that you may understand the course that is pursued by the different varieties of this affection, and be able to discriminate those cases in which this operation is applicable from those in which it is not admissible.

Under the term "hip-disease" is included every inflammatory affection of the coxo-femoral articulation; and in this way are confounded together several diseases which differ widely from one another in their pathology, symptoms, results, and treatment, and which stand in very different relations to the operation of excision.

If we look at the hip-joint in a surgical point of view, we shall see that it is composed of three distinct parts—viz., the soft joint-structures, the head of the femur, and the acetabulum. Now, any one of these divisions of the joint may be primarily and even separately affected; and we may accordingly divide hip-joint disease, or coxalgia, into the three varieties of *arthritic, femoral, and acetabular*. This division is not only a pathological arrangement, but, as I shall presently point out to you, is of a truly practical nature, having a special bearing on the question of excision; and as we have recently had cases in the hospital illustrating these several varieties of the affection, I am anxious to take this opportunity of directing your attention to them.

1. *Arthritic hip-disease.*—This is usually an acute inflammatory affection, attended by those local signs and constitutional symp-

oms that are characteristic of deep-seated and severe articular inflammation. The joint becomes hot and swollen, and is exquisitely sensitive; in fact, the pain that the patient suffers is more severe in this than in any other form of arthritis with which I am acquainted. The sufferings are greatly aggravated at night, and by the startings and convulsive twitchings that occur in the limb when the patient falls to sleep. It is impossible to move the patient, the slightest disturbance—merely laying the hand on the limb, or even touching the bed, or shaking the room by walking heavily across it—brings on paroxysms of intense pain. This variety of the disease chiefly occurs in young adults, often arises from exposure to cold and wet, and usually terminates in ankylosis without suppuration. Abscess may form, and dislocation of the head of the femur take place; but this I believe to be rare, and not to occur unless the bones become secondarily implicated.

The treatment of this form of the disease is simple. It consists in the administration of calomel and opium, with leeches to the hip, fomentations, and perfect rest. In the early stages, a splint cannot be borne; but as the disease advances, it becomes necessary to apply one; and then this should be done under the influence of chloroform. Indeed it is not unfrequently necessary to give chloroform in order to change the sheets, or attend to the cleanliness of the patient, so great is the suffering produced by change of position.

In this variety of coxalgia, excision is not necessary: under proper management, the head of the bone may always be brought into or kept in sufficiently good position for ankylosis to take place, so that a straight and useful limb may be left.

The following case, reported by Mr. Carden, illustrates well this variety of the disease:—

Harriet F—, aged 15, was admitted into University College Hospital, Nov. 27th, under the care of Dr. Garrod, for rheumatism of the left leg. As it was found that there was acute inflammation of the hip-joint, the patient was transferred to Mr. Erichsen; but so acute was the pain that she suffered, that it was impossible to remove her to the surgical ward without first placing her under the influence of chloroform.

The patient states that she has suffered pain in the left hip, first of a flying, but

afterwards of a more settled nature, for about a month. The pain has gradually increased, and is now excessively intense—so much so that she cannot turn or move in bed, or allow the limb to be touched; she cries out if the bed even is touched. The affected limb is slightly lengthened, is adducted, and the foot everted. There is some heat and swelling about the hip, giving it a rounded appearance, but no feeling of fluctuation or threatening of abscess; pain in the knee, but not so severe as in the hip. At night there are painful jerking spasms in the limb, which prevent her sleeping. Pulse 120, weak, and occasionally intermittent; sweats at night; has lost flesh very rapidly. She was ordered calomel, two grains; opium, half a grain; every six hours. Twelve leeches, and afterwards hot fomentations to the hip, which was supported on a pillow.

She continued this plan of treatment till Dec. 6th, when the pain being mitigated, the spasms less frequent, and the hip less tender, a long splint was ordered to be applied, to prevent shortening of the limb. This was applied under chloroform, and was kept on till the 11th, when, in consequence of pain, it was taken off, and, under chloroform, the starch apparatus was applied. This gave great ease. The calomel was discontinued, and she was put on cod-liver oil, quinia, and good diet. When the starch apparatus was removed, on Jan. 5th, the limb was of good length; there was little pain, even on pressure. Since this time she has gradually improved in general health, but the joint continues stiff. The hip is of good shape, and the limb, though apparently shortened, owing to some obliquity of the pelvis, is of exactly the same length as the sound one.

In this case you will see all the leading features of the acute *arthritic* form of hip-disease. Its occurrence in a young adult, its rheumatic origin, the severity of the attendant inflammation, the acuteness of the suffering, and its termination by ankylosis without suppuration are all characteristic signs.

Before leaving this part of the subject, I wish to say a few words about the ankylosis that occurs in these cases. When this is *complete*, the osseous structures being fused together, I believe that no attempt should be made to restore the mobility of the limb. I have heard of surgeons cutting

down upon and sawing across the neck of the femur, but I cannot think that such an operation is expedient, and would not advise you to attempt it. In this form of ankylosis, the limb is usually everted, but not much shortened, and the patient soon walks readily and with little stiffness, owing to the increase of mobility that takes place in the lumbar spine, and which makes up for the rigidity of the hip.

When the ankylosis is *incomplete*, much may, however, be done to restore the utility of the limb. In these cases, the head of the bone may continue in the acetabulum, and then there is no shortening, but merely adduction of the limb and some flexion of it, the patient being unable to bring the heel to the ground. You will recollect seeing a case of this kind brought into the theatre about six weeks ago, in which I successfully adopted the same plan that we have so often advantageously employed in cases of contracted knee—viz., forcibly extending the limb under chloroform.

If dislocation of the head of the bone on to the dorsum ilii has occurred without previous suppuration, reduction may sometimes be effected. Two or three years ago, a woman was under my care at the hospital, in whom this happened, owing to softening and destruction of the ligaments of the joint. We, however, effected reduction under chloroform. We had great difficulty in retaining the head of the bone in the acetabulum, and as she one day fell and broke her thigh, we were obliged to desist from further attempts. The case, however, illustrated the fact, that in some cases of spontaneous dislocation in hip disease, reduction may be accomplished.

2. The *acetabular* form of hip-disease differs widely from the last variety of this affection. In it the primary seat of disease is the pelvic bones, and the joint becomes involved secondarily by the implication of the acetabulum. This variety of the disease chiefly occurs in adults, always goes on to suppuration, never to ankylosis, and is, I believe, invariably fatal. It usually commences with abscess in the iliac fossa, or at some point within the pelvis. This abscess may descend by the side of the rectum, or pass out through the sciatic notch, under the gluteal muscles, or may find its way under Poupart's ligament, or to the fore-part of the thigh. At first, there is usually no pain in the hip; but after a time the joint becomes tender, the pain increases, and at

last becomes severe. Motion of the limb is impossible. There is neither shortening nor elongation except at the latter stage, when possibly the head of the femur may slip through a carious cavity in the bottom of the acetabulum into the pelvis. Death eventually occurs from hectic. On examination, the pelvic bones will be found more or less extensively necrosed; the acetabulum is carious, rough, and probably perforated; the head of the femur, which is lying in this cavity, is deprived of its incrusting cartilage, and is more or less eroded, but in a much less degree than the acetabulum and neighbouring pelvic bones, especially the ilium. Large intra-pelvic abscesses and extensive sinuses will also be met with.

The treatment of this form of hip-disease is in the highest degree unsatisfactory. The patient's powers must be kept up, but he will eventually sink from hectic. Excision of the hip-joint is of course not practicable, on account of the amount of osseous disease and the extensive implication of the pelvic bones. The following case illustrates well the acetabular form of coxalgia:—

Iliac Abscess; Acetabular Disease of the Hip joint; Caries of Lumbar Vertebra and Psoas Abscess.—E. B—, aged 25, a farm labourer, strong and well made, admitted April 29. No hereditary tendency to scrofula or any other disease can be made out. About twelve months since, he first felt pains in the back and hips, which he attributed to exposure to weather. He was blistered for them without benefit. About three months after this a swelling appeared, about the size of a small tennis-ball, in the right groin, about two inches above Poupart's ligament. He then first felt pain in the hip. The swelling continued stationary until two months ago, when it rapidly grew bigger, and the pains in the hip-joint increased much.

On admission, there was a tumour about the size of an orange, situated deeply in the iliac fossa, about an inch above Poupart's ligament on the right side. It fluctuated on pressure, causing great pain locally. He had no pain on pressure over the lumbar spine, nor down the thigh, but pressure on the great trochanter and ilium caused extreme suffering. The thigh could be bent upon the body without much pain; but if it was adducted or rotated, he suffered much. The health was low; pulse quick and a tend-

ency to hectic. He was ordered quinia, and put on a nutritious diet.

June 3d. The abscess was opened, and about four ounces of pus evacuated. For a few days the pain in the hip was relieved, but it again returned; the discharge continued to be profuse, and the hectic symptoms increased, the patient's strength gradually giving way, notwithstanding an abundant diet. The pain became intense in the right hip. He could not bear the slightest pressure on the trochanter or around the joint, or indeed in any part of the limb, so as to influence the articulation. He lay on his side, with the thigh flexed on the abdomen. The head of the bone was in its place, and there was no shortening or deformity of the limb, nor any tendency to abscess outside the pelvis. An attempt was made to put the limb in splints, but it occasioned greatly increased suffering, and was abandoned. Emaciation and hectic gradually increased, and he died on October 18th.

On examination after death, it was found that the cavity of the peritoneum contained several ounces of dark and somewhat turbid fluid. The lungs were somewhat congested, but presented no sign of tuberculous deposit. The right psoas was disorganized, and a considerable quantity of pus was found in its sheaths, extending some way under Poupart's ligament. There was the cyst of a large abscess in the right iliac fossa, the bone being bare and bathed by the pus. On examining the hip-joint, the head of the femur was found in the cavity of the acetabulum, but deprived of its cartilage. The acetabulum was extensively carious, and perforated by an irregular aperture as large as a shilling, which communicated with the iliac abscess. The ischium and pelvic bones around the acetabulum were extensively carious. The bodies of the three first lumbar vertebrae were found softened and carious, giving rise to the abscess that filled the sheath of the psoas.

3. The femoral form of coxalgia is that variety of the disease in which the head of the femur is primarily affected by caries, often of a tuberculous character, the articulation becoming secondarily involved by extension of diseased action from the osseous structures. It occurs in strumous children, is usually subacute for a time at least, and is attended by the early formation of abscess. The collection of pus that forms around the joint will sometimes present in

the gluteal region; but in other instances, as in the drawings that I now show you, and which are taken from two patients in whom I have excised the head of the femur, the abscess will pass down under the fascia lata and tensor vaginæ femoris until it reaches the outer part of the middle of the thigh, where it points, and where sinuses are established. After the disease has continued in a subacute form for some time, symptoms of active arthritic inflammation will often set in; the joint becomes destroyed, and the carious head of the bone is dislocated upon the dorsum ili, where it lies in a supporting cavity. In favourable cases, the abscess gradually contracts, the carious bone is thrown off, and false but firm ankylosis of the head of the femur in its abnormal position takes place. In other cases, however, the caries is progressive, profuse discharge is kept up, hectic sets in, and, unless the source of this mischief is removed by excision, the patient will soon sink exhausted.

In this form of the disease, the pelvic bones are not usually implicated—never primarily; and if they become so as the affection advances, it is by the extension of the morbid action to other osseous structures than the head of the femur. In the great majority of instances the cartilaginous incrustation of the acetabulum is removed, and its place is taken by a fibroid fungous growth, which fills up the cavity. This fungoid mass is analogous in structure and appearance to the plastic deposits that we see thrown out in other joints after the destruction of the incrusting cartilage of bones, and is evidently an attempt at repair set up in the articulation.

The characteristics of the femoral form of coxalgia, then, are—the occurrence of the disease in children; the subacute character of the affection in its early stages; the sudden aggravation of the symptoms; the formation of extensive abscesses; followed by dislocation of the carious head of the bone on to the dorsum ili, and the absence usually of all disease, certainly of all primary disease, in the pelvic bones.

It is in this form of hip-disease alone that operation is a proper procedure, when nature fails in throwing off the carious bone, and in establishing ankylosis between the remains of the head of the femur and the dorsum of the ilium on which it is lying.

The following case, reported by Mr.

Jeaffreson, in which we lately performed this operation, illustrates well some of the points first adverted to:—

Tubercular Disease of the Head of the Left Femur.—William W—, aged seven years and a half, was admitted into University College Hospital on Monday, the 22d of December, 1856. His father, a sawyer, is strong and healthy; but his mother died of consumption, aged twenty-six. About the Christmas of 1853 he went to live with his grandmother in Sussex, and is described as being a very fine healthy boy. While there, he fell from a donkey; soon after which he began to walk lame; he suffered also from measles, which was followed by hooping-cough; and he became greatly emaciated and very lame.

In October, 1854, he was admitted into University College Hospital, where he remained for about six weeks. His general health deteriorated, but his lameness improved, so that he was able to walk with crutches.

At the end of January, 1855, he became an out-patient at St. Bartholomew's Hospital, where he improved, with the use of tonics and putting the limb in splints.

In April, 1855, he became an out-patient at the Royal Orthopædic Hospital, and remained under the care of the surgeons of that establishment for fourteen months.

In April, 1856, he was able to go to school with crutches, and get up-stairs and down without assistance.

December 15th. Mr. Erichsen opened a large prominent abscess over the head of the left femur, and a large quantity of cheesy-looking matter and healthy pus escaped. Rest, iron, cod-liver oil, and poultices were ordered.

22d. Admitted into University College Hospital. He is very weak and emaciated; sweats profusely at night, though in the daytime skin is dry, harsh, and scurfy. His appetite is pretty good; tongue clean, rather red at the tip and edges; thirst more than natural; the stools healthy and regular every day. There is slight cough, from which he has not been entirely free since 1853. There is extensive dullness on percussion, both under and above the right clavicle; the respiratory murmur is here harsh and deficient, and the expiration prolonged. The left leg is shortened about two inches and a half. Over the hip-joint is a prominent swelling; the skin over it is red and

excoriated, especially round two openings situated at the upper and outer part of the thigh. On introducing a probe about two inches through these openings, it is found that they both impinge on dead bone, situated above the back of the acetabulum. On rotating the thigh, its head is found to be on the back of the ilium. The thigh is flexed on the abdomen, and the leg on the thigh, owing to the contraction of the hamstring tendons. He always lies on his right side, with the body bent forwards. Cod-liver oil, one drachm, three times a day, with meat and wine.

26th. An abscess was opened by a small incision at the junction of the upper and middle third of the thigh, to the outer part, giving exit to four ounces of laudable pus.

Jan. 1, 1857. The purulent discharge from the abscess and the night-sweats more profuse. The appetite and strength are materially diminished. Continue diet and oil, with four ounces of wine.

7th. The boy being under the influence of chloroform, Mr. Erichsen passed a probe through the upper wound, and found the head of the bone carious, and lying on the dorsum of the ileum, close above the acetabulum. He then made a T-shaped incision over the head of the bone, and divided the fibrous structures which held it *in situ*, and then the head being well pushed out of the wound, and the soft parts guarded by an assistant, he cut through the trochanters, from within outwards, by means of Butcher's saw; a very small portion of carious bone was gouged from the brim of the acetabulum. Three small arteries were ligatured. One suture was put into the lower part of the wound, and the whole dressed with wet lint. The limb was put up on a long splint, bracketted over the wound, but the leg could not be quite straightened, owing to the contraction of the hamstring tendons.

14th. The patient's general health seems better; he is cheerful, and takes his food with relish. The discharge from the wound is profuse, but healthy. The ligatures came away on the third day, the suture on the first. To-day, the splint was reapplied, the child being previously put under the influence of chloroform, which easily affects him, but makes him feel sick all the rest of the day, and his head throb severely.

21st. The boy is improving slightly in general condition; the discharge is profuse; a small collection of pus was let out close to

the wound; the splint was re-applied. The leg is now quite straight, the rigidity of the hamstring tendons apparently having been due merely to confinement in bed. Charcoal poultices have been used from the day following the operation, and are to be continued.

28th. The boy has greatly improved since last report. He sits up in bed, takes his food well, and the discharge is but trifling, the wound looking clear and granulating healthily.

I have thus endeavoured, gentlemen, to point out to you that there are three distinct forms of the hip-joint disease, one commencing in the soft structures of the joint, the other in the pelvic bones, and the third in the femur. This division is founded in nature, as I have had frequent opportunities of showing you in the wards, and as will be seen by the cases I have just brought before you, and it has an important practical bearing on the operation of excision, which is unnecessary in the first variety of the disease, improper in the second, and only requisite in the third, in those instances in which nature fails to effect a cure.

The operation of excision in the hip-joint, or more properly of the head of the femur, for the whole of the joint—that is to say, the cavity of the acetabulum, as well as the head of the femur, can never be removed—is a simple one. It consists in making an oblique T-shaped incision over the dislocated head of the bone, clearing this of the surrounding soft parts, turning it out by adducting and pushing back the thigh, and then removing it either with a saw or cutting pliers. I have used both in these operations, but prefer the saw. In the last case, in which I lately operated, I found great advantage from the saw invented by an excellent Dublin surgeon, Mr. Butcher, the blade of which was passed behind the bone, and then being turned by a screw in a horizontal direction, readily removed the head and trochanters.

The principle on which excision of the head of the femur is practised is twofold: first, to remove a mass of carious bone, which, by its irritation keeps up hectic, and will ultimately destroy the life of the patient; and secondly, by taking away carious bone that is insusceptible of ankylosis, to establish firm union between the clean cut surface of healthy bone and the side of the

pelvis, and thus restore a useful limb to the patient.

In excising a carious head of the femur, the first object we have in view is the preservation of the patient's life. It is a rule in surgery, that when a patient's strength is being worn out by the hectic consequent on suppuration resulting from carious bone, the cause of the constitutional disturbance, the diseased osseous tissue should, if possible, be removed. It is, therefore, as much in accordance with sound surgery to remove the carious head of the thigh-bone, when its presence is threatening the patient's life, as it is to amputate for caries of the tarsal bones, or to excise a diseased elbow, under similar circumstances. In fact, in extreme cases of *femoral coxalgia*, the surgeon has to choose between standing by inactively and seeing his patient gradually sink exhausted by the suppuration resulting from the diseased head of the femur, or, by excising this carious structure, removing the cause of the wasting discharge, and thus averting a fatal termination. It is true that there would be another alternative—viz., amputation at the hip joint; but I am not aware that the most strenuous opponent of excision of the hip has ventured to advocate such a proceeding in preference to the operation we have been discussing.

There is, however, another object besides saving the patient's life, to be attained by excision of the head of the femur. It is the restoration of a tolerably useful though necessarily a shortened limb. The shortening of the limb that is left is not, however, the result of the operation; it has already taken place as a consequence of dislocation on to the dorsum ilii before the head of the bone is removed. As a small portion of the upper end of the femur merely is excised, never more than what projects beyond the acetabulum, the already existing diminution in length is not increased by the operation.

After the operation, the limb should be put on a long splint, bracketed opposite the wound. No perineal band should be applied to the injured side, but the splint may be connected with one attached to a leather case put round the sound thigh, from which extension is to be made.—*Lancet*, March 28, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—[This Association held its *tenth* annual meeting at Nashville. As we are sure our readers are anxious to learn its doings, we hasten to give the following abstract of the proceedings:—]

TUESDAY, May 5, 1857.

The Association met at 11 o'clock in the Representative Hall of the State Capitol, the President, Dr. Zina Pitcher, of Michigan, in the chair. Dr. W. K. Bowling, of Tennessee, one of the Vice-Presidents, Dr. Wm. Brodie, of Michigan, and Dr. R. C. Foster, Secretaries, were present.

The meeting having been duly organized, the first business in order was stated by the Chair to be the reception of the report of the Committee of Arrangements.

Dr. C. K. Winston, chairman of the Committee of Arrangements, on behalf of the committee, and of the medical profession of the city generally, extended a sincere and cordial welcome to the members of the Association.

Dr. Winston then proposed that the roll of delegates who had registered their names should be read. The roll having been called, it appeared that twenty States were represented.

On motion of Dr. C. K. Winston, Drs. Felix Robertson, J. Shelby, and J. Overton were made permanent members of the Association.

The number of delegates who had registered their names was found to be one hundred and forty-six.

The President then stated that it was customary to take a recess of fifteen minutes, in order that the different State delegations might appoint a member to serve on the Committee on Nominations; and the Association took a recess accordingly for that purpose.

At the expiration of the recess the Association was called to order, and the State delegations then reported their choice respectively of delegates to serve on the Nominating Committee, which was constituted as follows:—

Connecticut—Charles Hooker.

New Hampshire—Adoniram Smalley.

Indiana—W. W. Hilt.

Wisconsin—J. R. Bartlett.

New York—James R. Wood.

Michigan—A. B. Palmer.

Missouri—J. S. Moore.

Illinois—J. K. Edmiston.

Kentucky—R. J. Breckinridge.

Arkansas—F. Grundy McGavock.

Ohio—B. S. Brown.

South Carolina—R. W. Gibbs.

Alabama—W. P. Reese.

Mississippi—F. B. Shuford.

New Jersey—Richard M. Cooper.

Louisiana—S. O. Scruggs.

Pennsylvania—P. Cassidy.

Georgia—Thomas S. Powell.

Tennessee—J. B. Lindsley.

Iowa—Asa Horr.

On motion of Dr. Hooker, of Connecticut, it was resolved that the President, Dr. Pitcher, be now requested to deliver his annual address.

The President then delivered the annual address; whereupon, on motion of Dr. Flint, of Ky., the thanks of the Association were unanimously tendered to the President for his very able and interesting address, and it was referred to the Committee on Publication.

The chairman of the Committee of Arrangements reported that the sessions of the Association would be held from 9 o'clock A. M. until 2 o'clock P. M.

Judge Catron, of the U. S. Supreme Court, being present, was invited to a seat on the stand.

The Nominating Committee then retired for the purpose of nominating officers for the ensuing year.

The report of the Committee on Publication being called for, it was read by Dr. Caspar Wister, of Pa., and, on motion, was accepted and referred to the Committee on Publication.

Dr. Wister also read his report as Treasurer, which was received and adopted.

On motion of Dr. Flint, of Ky., Dr. R. T. Flemming, of Ky., was admitted as a member of the Association by invitation.

On motion, the Committee on Essays were granted further time to make their report.

The Committee on Prize Essays being called upon to report, requested further time, which was granted.

The President informed the Convention that Dr. F. Campbell Stewart, of N. Y., Dr. Alden March, of N. Y., Dr. Isador Gluck,

of N. Y., and Dr. Pancoast, of Pa., had been appointed to represent this Association in foreign scientific bodies.

The Committee on Medical Education was called, but made no report.

The Committee on Medical Literature was called. No report.

The Committee on Medical Topography and Epidemics being called, a communication from Dr. J. C. Watson, of Maine, was read, asking for further time to make a report, which was granted.

Dr. Arnold, of Ga., offered the following resolution, which was adopted:—

Resolved, That the Committee on Nominations be constituted a standing committee during the present session of the Association, to whom shall be referred all business of the Association on which an immediate vote is not required.

Dr. James Mauran, of the Committee on Medical Topography and Epidemics for Rhode Island, being called for, the Secretary read his apology, which was accepted.

Dr. Peregrine Wroth, of the same committee for Maryland, sent in his report, with accompanying reports of Drs. A. M. White and Edmund E. Waters, which were received and referred to the Committee on Publication.

Dr. W. F. Sutton, of the same committee for Kentucky, sent an apology and asked for further time, which was granted.

The members of the same committee for the States of New Hampshire, Vermont, Massachusetts, New York, New Jersey, Pennsylvania, Delaware, Virginia, South Carolina, North Carolina, Tennessee, the District of Columbia, and the Territory of Minnesota, being called, no reports were made.

The delegates from Connecticut and Louisiana being absent for the time, the consideration of their reports was postponed until to-morrow.

A report from Dr. J. F. Posey, of Ga., was presented by Dr. Arnold, and subsequently withdrawn by him for the purpose of preparing an abstract of it.

The Committee on Nominations then appeared, and through their chairman, Dr. J. B. Lindsley, reported the following officers of the Association for the ensuing year, viz:—

President—Dr. Paul F. Eve, of Tennessee.

Vice-Presidents—Drs. R. J. Breckin-

ridge, of Kentucky, D. M. Reese, of New York, W. H. Byford, of Indiana, and Henry F. Campbell, of Georgia.

And on motion of Dr. Arnold, of Ga., the report was accepted.

The Chairman stated that the Secretaries will be selected when it is ascertained where the next meeting of the Association will be held.

Dr. Wister, of Pa., moved that a committee of three be appointed by the President to conduct the newly elected officers to the chair, which was carried.

The President appointed as such committee, Drs. Arnold, Wister, and McGugin.

The President elect being absent, the Association adjourned to meet at 9 o'clock A. M. to-morrow.

WEDNESDAY, May 6, 1857.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

The newly elected officers were then inducted to their respective seats.

Dr. Eve, of Tennessee, on taking the chair, addressed the Association in a few pertinent remarks.

Dr. Winston, of Tennessee, read the names of delegates who had been registered since the last meeting.

Dr. Hooker, from the Committee on Medical Topography and Epidemics for the State of Connecticut, being called on for his report, stated that it was his understanding that the committee were to have three years in which to make their report, and at the end of that time he would either be prepared, or ask the indulgence of the Association for further time.

The President appointed Drs. Currey, Grant, and Evans a Committee on Voluntary Contributions.

The report of Dr. Posey, of Georgia, on the same subject, being called for, Dr. Arnold, of Georgia, read an abstract of that report; when the report was, on motion of Dr. Palmer, of Michigan, referred to the Committee on Publication, under a suspension of the rule.

On motion of Dr. Wood, of New York, the reports which were presented yesterday were also referred to the Committee on Publication, under a suspension of the rule.

The State of Ohio being called upon for a report upon its medical topography and

epidemics, the Secretary read an apology from Dr. G. Mendenhall, who asked further time in which to make a report, which was granted.

The States of Mississippi, Missouri, Michigan, Illinois, Indiana, Wisconsin, Iowa, and California, and the U. S. Navy, being called, no response was made.

A telegraphic despatch from Dr. J. M. Sims, of New York, who was to report on the Treatment of the Results of Obstructed Labour, was referred to the appropriate committee.

A communication was read by Dr. Lindsley, of Tennessee, from the Medical Association of Washington City, inviting the Association to hold their next annual meeting in that city. On motion, the communication was referred to the Committee on Nominations.

A resolution was offered by Dr. Bartlett, of Wisconsin, tendering a vote of thanks to the late President of the Association, Zina Pitcher, for the able manner in which he has presided over the deliberations of this body, which was unanimously adopted.

The reports of special committees for 1856-7 being next in order, they were called in order, as follows:—

Inflammation: its Pathology, etc.—Dr. E. R. Peaslee, Maine; asked further time.

Anatomy and Histology of the Cervix Uteri.—Drs. H. Hutchinson and Charles E. Isaacs, New York; no report.

Treatment of Cholera.—Dr. J. Taylor Bradford, Kentucky; no report.

Treatment best adapted to each Variety of Cataract, etc.—Dr. Mark Stephenson, New York; further time asked.

Causes of the Impulse of the Heart, etc.—Dr. J. W. Corson, New York; a communication received. Referred.

Causes of Infant Mortality, etc.—Dr. D. Meredith Reese, New York, read an abstract of his report, which was referred to the Committee on Publication.

The venerable Dr. Shelby, of Tennessee, being present, was invited to a seat on the stand.

Dr. Hobbs, of Illinois, offered the following resolution:—

Resolved, That a Committee on Essays (not including Prize Essay) be appointed, to whom all essays prepared by members for publication by this Association shall be referred, which committee shall transfer to the Committee on Publication all essays

they judge worth publishing. That said Committee on Essays make a full report of their proceedings to the Association at its next annual session: *Provided*, Authors of rejected essays, being informed of said rejection by said committee, shall have the privilege of withdrawing their essays from the report of the committee to the Association.

On motion of Dr. Palmer, of Michigan, the resolution was indefinitely postponed.

The Secretary read a protest signed by Drs. Richard Arnold, J. Gordon Howard, Pike Brown, and Geo. P. Padford, against admitting the delegates from Oglethorpe Medical College. After explanations and some discussion,

On motion of Dr. Gunn, of Michigan, the protest was laid upon the table, and

On motion of Dr. Palmer, the whole subject was referred to a committee of three to be appointed by the Chair.

Dr. Brodie, of Michigan, moved as an amendment, that no Member of the faculty of a Medical College be appointed upon the committee, which was accepted by the mover.

The Chairman appointed as such committee, Drs. Wister, of Pa., Bemis, of Ky., and Gibbs, of S. C.

Dr. Felix Robertson, the oldest physician in Tennessee, being in attendance, was invited to a seat on the stand.

The Committee on Nominations was convened to transact important business.

The calling of Special Committees was resumed.

Spontaneous Umbilical Hemorrhage, etc.—Dr. J. Foster Jenkins, New York. Further time asked.

Use of Instruments in Obstetrical Practice.—Dr. Henry Carpenter, Pennsylvania. No report.

Measures to be adopted to Remedy the Evils existing in the present mode of holding Coroners' Inquests.—Dr. Alexander J. Semmes, D. C. Report presented, and the following resolution offered:—

Resolved, That committees of three, in each State, Territory, and the District of Columbia, be appointed, and that said committees be, and they are hereby authorized in the name of this Association, to memorialize their respective Legislatures to pass such laws as will best carry into effect the objects of the foregoing report.

The resolution was adopted.

Treatment of the Results of Obstructed Labour.—Dr. J. Marion Sims, New York. Further time asked and granted.

True Position and Value of Operative Surgery, etc.—Dr. J. B. Flint, Kentucky. Further time asked; granted.

Causes and Cure of Indigestion, etc.—Dr. G. Volney Dorsey, Ohio. No report.

Medical Jurisprudence of Insanity, etc.—Dr. E. B. Coventry, New York. Further time granted.

Human, Animal, and Vegetable Parasites.—Dr. Joseph Leidy, Pennsylvania. No report.

Value of Strict Attention to Position in the Treatment of Diseases of the Abdomen.—Dr. M. D. Darnall, Indiana. No report.

Milk Sickness.—Dr. George Sutton, Indiana. No report.

Bleeding and Conversion of the Types of Fever.—Dr. Clark G. Pease, Wisconsin. Communication sent, but not received. Postponed.

Best Substitutes of Cinchona, etc.—Dr. B. S. Woodworth, Indiana. No report.

Use of Cinchona in Malarious Diseases. Dr. Franklin Hinkle, Pennsylvania. Report furnished. Referred to Committee on Publication.

Nervous System in Febrile Disease.—Dr. Henry F. Campbell, Georgia. Verbal abstract of report given.

Laws Governing the Absorption and Deposit of Bone.—Dr. John Neill, Pennsylvania. No report.

Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids. Dr. John W. Green, New York. No report.

Medical Topography and Fauna of Washington Territory.—Dr. George Suckley, U. S. Army. Report presented and referred.

Flora of Washington and Oregon Territories.—Dr. James Cooper, New Jersey. Report presented and referred.

Intimate Structure and Pathology of the Kidney.—Dr. Charles E. Isaacs, New York. Further time granted.

Diseases Incidental to Emigrants, etc.—Dr. Israel Moses, New York. No report.

Etiology and Pathology of Epidemic Cholera.—Dr. T. W. Gordon, Ohio. Partial report presented and referred.

Excretions as an Index to the Changes going on in the System.—Dr. H. A. Johnson, Illinois. No report.

Remedial Effects of Chloroform.—Dr. D. Thompson, Kentucky. No report.

Best Means of Causing an Increase of the Number of Essays, etc.—Committee: Drs. Leidy, Wood, and Meigs, Pa. No report. Committee continued.

Changes produced in Composition and Properties of Milk, etc.—Dr. N. S. Davis, Illinois. Communication read and time granted.

Stomatitis Materna.—Dr. McGugin, Iowa. Further time granted.

An abstract of the report of Dr. Fenner, of La., upon the Medical Topography of that State was then read and referred to Committee on Publication.

Dr. Dunglison, of Pa., offered the following resolution, which was unanimously adopted:—

Resolved, That in the death of Dr. Gratton, of Miss., the American Medical Association has lost a talented and useful member, and society a benefactor.

Dr. Caspar Wister, chairman of the Committee upon the admission of the delegates from Oglethorpe Medical College, reported in favour of their admission, which report was adopted.

The Secretary read the following preamble and resolutions, which were unanimously adopted:—

Whereas, It has pleased God to remove by death our fellow-member, Robert M. Porter, and because of his devotion to the interests of the Profession of Medicine, and his steady support of the American Medical Association,

Resolved, That this Association learned with unfeigned sorrow of his decease; and that they have lost a firm and intelligent supporter, and society a benefactor and friend.

Dr. T. Bullard, of Ind., offered the following:—

Resolved, That in the death of Dr. John L. Mothersett, this Association has lost a talented and useful member, and society a benefactor.

The Secretary read a communication from the Connecticut Medical Society, asking that the time for holding the meetings of the Association in northern cities be changed to a later period in the year. Referred to the Committee on Nominations with instructions to make a report. Adjourned.

THURSDAY, May 7, 1857.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

Dr. Hoyt, from the Committee of Arrangements, read the names of delegates who had been registered since the meeting of the Association yesterday.

The Secretary read a communication from Dr. Clark G. Pease, of Wisconsin, which accompanied his report on "*Blending and Conversion of the Types of Fever.*"

Dr. Hooker, of Conn., moved that the report be referred to the Committee on Voluntary Contributions, which was carried.

Dr. Currey, from the Committee on Voluntary Contributions, submitted the following report, which was accepted:—

The Committee on Voluntary Contributions has examined the following papers, and recommend them for publication in the Transactions of the Association:—

1st. A New Principle of Diagnosis in Dislocations of the Shoulder Joint. By L. A. Dugas, M.D., Professor of Surgery in the Medical College of Ga., Augusta; accompanied by four Photographic plates illustrating the principle.

2d. Medical Statistics of Washington Territory. By George Suckley, M.D., U. S. A., embracing—1st. Geological Divisions of the Territory: its Geology, Meteorology, and Fauna. 2d. White Population and its Diseases. 3d. Native Population, Diseases, and Medical Practice; Causes of their Rapid Disappearance. Concluding remarks.

3d. Medical Flora of Washington and Oregon Territories. By J. G. Cooper, M.D. All of which is respectfully submitted.

R. O. CURREY, Ch'n.

R. T. EVANS,

GEO. R. GRANT.

Dr. Lindsley, from the Nominating Committee, submitted the following report:—

Committee on Nominations beg leave to report:

Secretaries.—Robert C. Foster, of Tenn.; A. J. Semmes, of Washington City.

Treasurer.—Caspar Wister, of Phila.

For the next place of meeting, Washington City.

STANDING COMMITTEES.

Committee of Publication.—Francis G. Smith, of Phila., Chairman; Caspar Wister, of Phila.; R. C. Foster, of Nashville;

A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Phila.; Samuel Lewis, of Penn.; H. F. Askew, of Delaware.

Committee on Prize Essays.—Grafton Tyler, of Georgetown, D. C., Chairman; J. C. Hall, of D. C.; J. F. May, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Duhamel.

Committee of Arrangements.—Harvey Lindeley, Chairman; W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education.—G. W. Norris, of Phila., Chairman; A. H. Luce, of Ill.; E. R. Henderson, of S. C.; G. R. Grant, of Tenn.; T. S. Powell, of Ga.

Committee on Medical Literature.—A. B. Palmer, of Detroit, Chairman; A. F. Alexander, of Ala.; J. M. Mosgrove, of Ohio; P. Cassidy, of Penn.; S. Pollak, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics.—T. B. Shutard to fill the vacancy caused by the death of Dr. Grafton, of Miss. C. W. Parsons to fill the vacancy caused by resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage of the Newly-Born.—J. Foster Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring.—Dr. Bemiss, of Ky.

Functions of Different Portions of the Cerebellum.—E. Andrews, of Ill.

Causes of the Impulse of the Heart and the Agencies which Influence it in Health and Disease.—J. W. Corson, of New York City.

Treatment of the Results of Obstructed Labour.—J. Marion Sims, of N. Y.

Treatment Best Adapted to Each Variety of Cataract with the Method of Operations, Place of Election, Time, Age, &c.—Mark Stephenson, of N. Y.

Human, Animal, and Vegetable Parasites.—Jos. Leidy, of Phila.

Best Substitutes for Cinchona and its Preparations in the Treatment of Intermitent Fever, &c.—B. S. Woodward, of Ind.

Intimate Structure and Pathology of the Kidney.—Charles E. Isaacs, of N. Y.

Etiology and Pathology of Epidemic Cholera.—T. W. Gordon, Georgetown, Broom Co., Ohio.

Inflammation of Cervix Uteri.—Henry H. Miller, of Louisville, Ky.

On Milk Sickness.—Dr. W. H. Byford.

Best Means of Causing an Increase of the Number of Essays.—Drs. Leidy, Wood, and Meigs, of Pa.

Changes produced in Composition and Properties of Milk.—N. S. Davis, of Ill.

Stomatitis Materna.—D. C. McGugin, Iowa.

On Criminal Abortion, with a View to its General Suppression.—H. R. Storer, of Boston.

The committee recommend that the committees ordered by the adoption of the resolutions accompanying Dr. A. J. Semmes' report be filed by the several State Societies.

On motion of Dr. Brodie, amended so as to refer the same to the officers of several State Societies: carried.

The committee also recommend the amendment of the third article of the constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words, "or the first Tuesday in June," and also by inserting after the words "shall be determined," the words "with the time of meeting."

Special Committee on the Present State of Science, as regards the Pathology and Therapeutics of the Reproductive Organs of the Female.—D. Fordyce Barker, of New York.

On Moral Insanity.—D. M. Reese, M. D., New York.

On Calculi and Diseases of the Urinary Organs in Iowa, Minnesota and Nebraska.—Dr. J. C. Hughes, of Keokuk.

On the Nature, Tendency, and General Treatment of Syphilitic Bubo.—Moses Gunn, of Detroit.

On Medical Education.—(By Dr. Currey's resolution)—Jas. R. Wood, of New York; Geo. R. Grant, Memphis, Tenn.; John Watson, New York; C. B. Nottingham, Macon, Ga.; R. La Roche, Philadelphia, Penn.

To fill a vacancy in the Committee on Medical Topography and Epidemics.—Dr. J. L. Cabell, Charlottesville, Va.

Dr. Marsh moved that the report of the Nominating Committee be taken up, and each subject to which it refers be considered separately; which motion prevailed. That

portion relating to nominations was then adopted.

The place of the next annual meeting of the Association being the next subject in order, after some discussion,

On motion of Dr. Marsh, the report of the committee was adopted.

Dr. Lindsley moved that, as Dr. Semmes, one of the newly elected Secretaries, was absent, Dr. Brodie, of Michigan, be elected Secretary *pro tem.*; which was carried.

Dr. Pitcher offered the following resolution, which was unanimously adopted:—

Resolved, That a committee of three be appointed, of which the President of the Association shall be chairman, to communicate with the Surgeon-General of the Army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the Federal Government, so that its contributions to the medical topography, the vital statistics, and the sanitary police of the nation may be made tributary to the labours of this Association.

The Chairman appointed as such committee, Drs. Z. Pitcher, of Michigan, and R. H. Coolidge, of Kansas.

Dr. Randall offered the following resolution:—

Resolved, That this Association reaffirm the principles respecting the rights of constituent bodies announced in a report contained in the fifth volume of the *Transactions*, in the following terms:—

"The faculty of every chartered medical college shall have the privilege of sending two delegates to the Association: *Provided*, That the said faculty contain not less than six professors, who give one course of instruction annually, of not less than sixteen weeks, on anatomy, materia medica, theory and practice of surgery, midwifery, and chemistry, and also that the said faculty requires that its candidates for graduation, among other requisites, shall have attended two full courses of lectures, with an interval of not less than six months between them, one of which courses must have been in their institution."

Dr. Breckinridge in the chair,

Dr. Buchanan proceeded to discuss the resolution, and, at the close of his remarks, moved to lay it on the table; which was subsequently withdrawn.

Dr. Boring offered the following resolu-

tions in lieu, which he proceeded to discuss:—

Resolved, That this Association has not the power to control the subject of medical education.

Resolved, That the great objects of this Association are the advancement of medical science, and the promotion of harmony in the profession.

Resolved, That the attempt upon the part of this body to regulate medical education having most signally failed in its object, and already introduced elements of discord, any further interference with this subject would not only be useless, but calculated to disturb and distract the deliberations of the Association.

Dr. Currey offered the following resolutions in lieu of the whole subject:—

Whereas, The subject of medical education has been committed at each annual session to standing committees, and various suggestions have been proposed, which the Association has adopted, and recommended to private instructors and to the medical colleges—

Resolved, That a committee of five be appointed by the Committee on Nominations, as a special committee, to be composed of members who are in no respect connected with any medical school, to devise a *system of medical instruction*, to be presented for the consideration of this Association at its annual session in 1858.

Resolved, That the proposed system shall set forth a uniform basis upon which our medical institutions shall be organized, as well as have reference to the best mode of securing the preparatory medical instruction to the student, and that consequently the legitimate subjects to be embraced in said system will include primary medical schools, the number of professorships in medical colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our medical system, and preserve harmony and friendly intercourse in the ranks of the profession.

Resolved, That upon the adoption of the proposed system by the Association, all institutions which may conform to it shall be entitled to representation at the annual sessions of this Association, and none others.

After considerable discussion, these resolutions were adopted.

Dr. Bowling, chairman of the Committee on Prize Essays, submitted the report of said committee, as follows:—

The Committee on Prize Essays report that four essays have been received, each possessing great merit.

The committee selected the following two essays for the two prizes provided for at the last meeting of this Association:—

1. One entitled "The Excretory-Secretory System of Nerves: its Relations to Physiology and Pathology." Motto: "*Observation becomes experiment when used in severe processes of induction.*" Signed, Henry Frazer Campbell, Georgia.

2. "Experimental Researches relative to the Nutritive Value, and Physiological Effects of Albumen, Starch, and Gum, when singly and exclusively used as Food." Motto:

"*Quum sequimur? quone in jubes? ubi ponere sedis?*
Da pater augurium, atque animis illabere nostra!"

Signed, William A. Hammond, M. D., Assistant Surgeon U. S. Army.

The President read an invitation to the members of the Association to visit the University of Nashville, in its military, literary, and medical departments.

The Committee on Voluntary Contributions reported in favour of the publication in the *Transactions* of the Association of the following paper: "On the Blending and Conversion of Types in Fever." By C. S. Pease, M. D., of Wisconsin. The report was adopted.

Dr. McMurray offered the following resolution, which was adopted:—

Resolved by this Association, That the Committee on Publication be instructed to append the Code of Ethics of the American Medical Association to each volume of its present and future annual *Transactions*.

The amendments to the Constitution proposed by Dr. Stocker, of Pa., at the last annual session, were taken up and laid on the table.

Dr. Lindsley offered the following amendment to the Constitution, which was seconded by Dr. Gunn:—

In Art. II. omit the words "medical colleges," and also the words "the faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates."

The amendment lies over until the next

meeting of the Association, under a rule of the organization.

On motion of Dr. Palmer, the resolutions reported at the last annual meeting of the Association, by the Committee on Plans of Organization for State and County Medical Societies, were taken up and adopted.

The following resolutions were offered and adopted:—

By Dr. Pitcher—

Resolved, That the members of this Association, as recipients of the cordial, generous, and elegant hospitalities extended to them by the profession and the citizens of Nashville, in placing on record an expression of thanks for the social amenities they have enjoyed during its tenth annual session, wish also to leave behind them the assurance that the recollection of their short sojourn in Tennessee will be cherished as dearly as the remembrance of the far-off sound of water by the exhausted and way-worn traveller.

By Dr. Means—

Resolved, That the earnest thanks of this body be presented to the authorities of the State and city, who have tendered this magnificent State Capitol for their sittings during the present session.

By Dr. Currey—

Resolved, That the thanks of the Association be tendered to the reporters of the city press for the accuracy and promptness with which they have reported the proceedings of the Association, and to the publishers for the liberal supply of their morning papers during the session of the Association.

By Dr. Wister—

Resolved, That the thanks of this meeting be presented to Dr. Wm. Brodie, for the efficiency with which he has discharged his duties as Secretary.

By Dr. Byford—

Resolved, That the State and County Societies throughout the Union be requested to recommend to their members to purchase the *Transactions of the American Medical Association*, and that their officers act as agents for the same.

On motion of Dr. Gunn, of Michigan, the Association recognized the presentation of a pamphlet by Henry Frazer Campbell, M. D., claiming priority in the discovery and naming of the excretory-secretory system of nerves.

On motion of Dr. Byford, the Association then adjourned *sine die*.

MINUTES OF THE PROCEEDINGS OF THE QUARANTINE CON- VENTION.

WEDNESDAY, May 13, 1857.

The Quarantine Convention met in the Supreme Court room, Philadelphia, May 13, 1857, at 11 o'clock A. M., and was temporarily organized by the election of Wm. Bonsall, Esq., President of the Philadelphia Board of Health, to the chair, and of Dr. Jos. R. Coad, Secretary of the Philadelphia Board of Health, as Secretary.

The object of the Convention was then stated by Dr. Wilson Jewell, of Philadelphia, who read an extract from the minutes of the Philadelphia Board of Health, including the printed invitation of that Board, and welcomed the delegates to Philadelphia on its behalf.

Dr. Jewell then concluded his opening address with a brief sketch of the quarantine regulations in force at the different seaports of the United States.

The names of seventy-five delegates, from nine different States, were then read and reported as having been received by the Committee of Arrangements, and as having entered their signatures upon the register.

On motion of Dr. Thompson, of Del., it was

Resolved, That a committee of one from each State represented be appointed to nominate permanent officers of the Convention.

Whereupon the Chair appointed the following delegates: Dr. Thompson, of Del.; Dr. J. B. Biddle, of Pa.; Dr. Barton, of La.; Dr. Moriarty, of Mass.; Dr. Parsons, of R. I.; Dr. Kemp, of Md.; Councilman Valentine, of N. Y.; Dr. Selden, of Va.; and Dr. Nichols, of N. J.

On motion of Councilman Haswell, of N. Y., it was

Resolved, That the rules of order which govern the House of Representatives of the United States be also the rules of order for this Convention.

On motion of Councilman Haswell, of N. Y., it was

Resolved, also, That a committee of five be appointed by the Chairman, to report the rule of representation by which the Convention shall be governed in its voting.

The Chair appointed on this committee, Mr. Haswell, of New York; Dr. Condie, of Philadelphia; Dr. Jones, of New Orleans; Mr. Quincey, of Baltimore; and Ald. James, of Boston.

The Committee on Nominations then reported the following delegates for election as permanent officers of the Convention:—

President—Dr. Wilson Jewell, of Philadelphia.

Vice-Presidents—Dr. E. H. Barton, of New Orleans, and the Hon. Alex. H. Rice, Mayor of Boston.

Secretaries—Dr. Edward Hartshorne, of Philadelphia, and Homer Franklin, Esq., of New York.

The nominations having been unanimously confirmed, the Convention was permanently organized, with the President, Dr. Jewell, in the chair.

Invitations from C. F. Lex, President of the Point Breeze Park Association; C. Slater, Secretary of the Philadelphia Board of Guardians of the Poor; Hon. R. Vaux, President of the Board of Inspectors of the Eastern State Penitentiary; and Gavin H. Woodward, Secretary of the Philadelphia Board of Health, were received; all of which were accepted.

On motion of Mr. Diehl, of Philadelphia, it was determined that the daily sessions of the Convention commence at 10 o'clock A. M.

On motion of Dr. Askew, of Wilmington, Del., it was

Resolved, That a committee of seven be appointed to prepare and arrange business for the Convention.

Whereupon the President appointed Dr. Askew, of Del.; Dr. Kemp, of Baltimore; Dr. Barton, of Louisiana; Dr. Condie, of Philadelphia; Dr. Hayward, of Boston; Dr. Parsons, of Rhode Island; and Dr. Selden, of Virginia.

The Committee to Determine the Rule of Voting, then reported the following resolution:—

"Upon all questions involving the final decision or recommendation of this Convention, each body represented shall have one vote; but on all matters occurring in the current business of the Convention, each delegate shall have a voice."

On motion of Dr. Condie, the Convention adjourned, to meet again at 4 o'clock P. M.

Afternoon Session, 4 o'clock P. M.

Convention called to order by the President.

The list of delegates was then read and corrected.

The minutes of the morning session hav-

ing been read and corrected, were then approved.

A communication from Dr. Sterling, of New York, having been presented, was ordered to be read, and, during the reading, was, on motion of Dr. Condie, of Philadelphia, referred to the Committee on Business.

On motion of Dr. Askew, of Delaware, on behalf of the Committee on Business, Messrs. Homer Franklin, of New York, and John H. Diehl, of Philadelphia, were appointed additional members of that committee.

The Committee on Business then offered a report in part, together with a preamble and resolutions, and asked leave to sit again.

On motion of Mr. Franklin, of N. York, the report, with its preamble and resolutions, was recommitted, with authority to the committee to have it printed in time for the use of the delegates at the morning session.

Dr. Emerson, on behalf of the Academy of Natural Sciences, announced that the hall and museum of the Academy would be opened, expressly for the reception of the delegates to the Quarantine Convention, to-morrow (Thursday) afternoon, between the hours of three and six o'clock.

On motion, this invitation was accepted.

The Convention then adjourned.

THURSDAY, May 14, 10 o'clock A. M.

The Convention was called to order by the President in the chair.

The roll was then called, and fifty-four delegates were present.

The minutes of the previous afternoon session were read and approved.

A letter from Dr. Thompson, Marine Hospital Physician of New York, to Homer Franklin, Esq., having been offered to the Convention, was ordered to be read; and, during the reading, was, on motion of Dr. Steiner, of Baltimore, referred to the Committee on Business.

The Committee on Business then presented a printed report in part, including the preamble and resolutions which were re-committed at the previous session.

On motion of Dr. Condie, of Philadelphia, the first resolution was unanimously adopted, as follows:—

Resolved, That it is expedient that the system of quarantine regulations be revised, and that correct principles, as far as scientific research and observation have deve-

loped them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

On motion of Dr. Condie, of Philadelphia, it was

Resolved, That the propositions of the second resolution be considered separately.

The first proposition of the second resolution was unanimously adopted, as follows:—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

The second proposition also was agreed to without amendment, and reads as follows:—

3. These diseases are smallpox, and, under certain circumstances, typhus fever, cholera, and yellow fever.

The third proposition being next considered, it was, on motion of Dr. Snow, of Providence, amended by substituting the word "not" for the words "scarcely be expected," and was then adopted, so as to read thus:—

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic, unless there exist in the community the circumstances which are calculated to produce such diseases independent of the importation.

The fourth proposition being next before the Convention, it was, on motion of Dr. Jones, of New Orleans, laid upon the table.

On motion of Dr. Kemp, of Baltimore, the same proposition was taken up again, and then referred to the Committee on Business.

The fifth proposition being next in order, was agreed to, as follows:—

5. Efficient sanitary measures, including quarantine, will, in most cases, prevent the introduction of these diseases, and may, at any rate, disarm them of their virulence, and prevent their extension, when introduced.

Proposition sixth was, on motion of Dr. Bell, of Philadelphia, amended by striking out the words "as preventive of disease," and substituting the word "often" for the word "are," and was then adopted, so as to read thus:—

6. That the present quarantine regulations

in operation in most of our States are inefficient, and often prejudicial to the interests of the community.

The seventh proposition having been read, on motion of Dr. Biddle, of Philadelphia, the different sections were considered separately.

The first of these sections was, on motion of Alderman Haswell, of New York, and Dr. Jones, of New Orleans, amended so as to read thus:—

7. Disease may be introduced, first, by a foul vessel, especially where proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage, or other putrefiable matters, which are allowed to penetrate and remain between the timbers of the ship.

And was then adopted as amended.

The second section was next considered, and, on motion of Councilman Haswell, of New York, was amended so as to read thus:—

"By cargoes, consisting, in whole or in part, of rags, cotton, or like porous substances, shipped from ports at which any malignant epidemic or endemic disease, of a contagious or infectious character, prevailed at the time when the vessel was loaded."

It was then agreed to as amended.

The third section was next adopted, with a verbal alteration as follows:—

3. By filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease.

The fourth section being then submitted, was agreed to with verbal alterations, so as to read thus:—

4. By the air that has been confined during a voyage in closely sealed or ill-ventilated holds.

The fifth section was next adopted as follows:—

5. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings.

The sixth section also was agreed to, as it stands, thus:—

6. By passengers and crews who are actually labouring under, or infected with any positively contagious disease, and their bedding, clothing, and baggage.

Invitations from the Academy of the Natural Sciences, the Franklin Institute, and the Philadelphia Gas Company, were read and accepted.

On motion of Dr. Condie, the Convention adjourned until 4 o'clock in the afternoon.

Afternoon Session, May 14, 4 o'clock.

The Convention was called to order by the President in the chair.

On motion, the calling of the roll, and the reading of the minutes of the morning session, were postponed. An invitation from Messrs. Childs and Peterson, to view the relics of Dr. Kane's Arctic Expedition at their publishing establishment, was read and accepted.

The eighth proposition of the report of the Committee on Business being then in order for discussion, on motion of Mr. Wightman, of Boston, the first sentence was altered so as to read thus:—

"To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing a system by which all parts of the vessel may be ventilated during the voyage; and for the careful inspection of all vessels immediately on their arrival, and before they are allowed to come up to the wharves of a city, for the landing of passengers or discharge of their cargoes."

The second sentence of this proposition was, on motion of Dr. Hayward, of Boston, amended by inserting after the words "no vessel," the words "arriving between the 1st of May and the 1st of November." It was further amended, on motion of Dr. Clark, by striking out the words "by the opening of the hatches and the introduction of wind sails;" and, on motion of Mr. Diehl, of Philadelphia, and Councilman Haswell, of New York, it was lastly amended, by striking out all after the words "entirely removed." The sentence, as agreed to, reads as follows:—

"No vessel, in fact, should be admitted to a port between the 1st of May and the 1st of November, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed."

The whole eighth proposition, as amended, was then adopted, and is expressed as follows:—

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of providing

a system by which all parts of the vessel may be ventilated during the voyage, and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

The ninth, tenth, and eleventh propositions were next submitted, and severally agreed to as presented, to the following effect:—

9. Provision should be made for the immediate landing of all those portions of the cargo, baggage, and clothing, that may be judged capable of generating or communicating disease, and for their proper purification, at such places, and under such regulations, as shall preclude all danger of their exerting a morbid influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for, by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and illy-ventilated dwellings and localities.

The twelfth proposition being then in order, was amended, on motion of Councilman Haswell, of New York, by omitting the word "particularly" in the first line, and agreed to, so as to read as follows:—

12. When a vessel arrives in a foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification; for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating

disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all avoidable deterioration.

The thirteenth, fourteenth, fifteenth, sixteenth, seventeenth, and eighteenth propositions were then read and unanimously adopted in succession, and without alteration, in the following language:—

13. The carrying out of these provisions should be intrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular physician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician, may, with the greatest propriety, be invested.

The third portion of the report of the Committee on Business was then presented, and the first two propositions having been adopted without discussion, the question on their adoption was, on motion of Dr. Hayward, of Boston, reconsidered, and the further action of the Convention upon these

and the subsequent propositions of the Committee on Business, was postponed.

Invitations from Mr. Chapin, Principal of the Philadelphia Institution for the Blind, and from the Board of Managers of the Philadelphia House of Refuge, were read and accepted.

On motion of Dr. Emerson, the Convention then adjourned.

FRIDAY, May 16, 10 o'clock A. M.

Convention called to order by the President in the chair.

The roll was called; and the minutes having been read and corrected, were approved.

On motion of Dr. Condie, of Philadelphia, the consideration of the third portion of the report of the Committee on Business, which was in order, was postponed.

A communication from A. N. Bell, Esq., and one from D. E. Wheeler, Esq., both of New York, having been presented, were, on motion of Dr. Condie, separately read, and referred to the Committee on Business.

The Committee on Business then presented the concluding portion of their report, embracing one resolution, a substitute for the recommended 4th proposition, and other propositions.

On motion of Mr. Diehl, of Philadelphia, the resolution and propositions were considered separately, and the question being taken on the resolution, on motion of the same delegate, it was negatived.

The substitute for the fourth proposition being then submitted, on motion of Mr. Wright, of Boston, it was amended by substituting the words "in connection with" for the words "in seasons marked by," and adopted as amended, so as to read as follows:—

That the circumstances alluded to consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

The next proposition having been amended, on motion of Councilman Haswell, of New York, by substituting the words "to procure" for the words "of procuring," and by adding the words "will be required" at the end, was adopted as amended, so as to read as follows:—

With the view to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling

of another, and probably several Conventions similar to the present one, will be required.

The proposition succeeding the above being then before the Convention, it was amended, on motion of Mr. Diehl, by striking out the word "final," and on motion of Dr. Thompson, of Del., by substituting for "— members" the words "one member from each State represented in the Convention;" and on motion of Dr. Steiner, of Baltimore, it was further amended by striking out the words "unless the gentlemen above named be returned as delegates to said Convention," and substituting the word "powers" for the word "functions." It was then adopted as amended, as follows:—

To provide for the assembling of such a Convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented in the Convention, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a Convention next year: *Provided, however,* That their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

The last proposition of this portion of the report was then, on motion of Dr. Bigelow, stricken out.

On motion of Dr. Condie, it was thereupon

Resolved, That hereafter the name of this Convention shall be THE QUARANTINE AND SANITARY CONVENTION.

The consideration of the third portion of the report of the Committee on Business being then resumed, on motion of Dr. Condie, its propositions were ordered to be read and considered separately.

The first, second, and third propositions were read in succession, as they follow:—

1. "Yellow fever is not contagious, *per se*."
2. "That it is only propagated in a foul or infectious atmosphere, analogous to that which gave it birth."
3. "That the term 'contingent contagion' is a misnomer, inapplicable to yellow fever; that whatever condition relates to yellow fever is essential, whether of an atmospheric or malarious condition, and that without these yellow fever always ceases with the individual case."

After several different motions for amendment, they were, on motion of Mr. Diehl,

of Philadelphia, indefinitely postponed by a unanimous vote.

The fourth and fifth propositions were then separately represented in the following terms:—

4. "That Quarantine measures *alone* can never protect a community either from the introduction or propagation of disease, however rigid it may be, as it is but a branch of the important department of hygiene.

5. "That we believe that efficient sanitary measures, properly enforced, can always protect a community against the origin or extension of any of the above diseases, except smallpox."

On motion of Dr. Kemp, they were likewise indefinitely postponed.

The sixth proposition was then, on motion of Dr. Kemp, amended so as to read as follows:—

A thorough examination should be made of all immigrants on their arrival; and if they are not protected against the smallpox, they should be vaccinated.

The seventh proposition was amended, on motion of Dr. Condie, by omitting the word "regular," and on motion of Dr. Clark, of Boston, by substituting the words "at stated periods" for the word "monthly," and adopted, as follows:—

We recommend that there should be attached to our boards of health and quarantine establishments stations for minute meteorological observations, and vaccine establishments, and that records of these be published at stated periods for the public benefit.

The eighth proposition was, on motion of Councilman Haswell, of New York, amended so as to read as follows:—

We advise the introduction of increased comforts for crews and passengers, and the ventilation and purification of vessels by a more effectual method.

It was then agreed to as amended.

The President then announced the following delegates as members of the Committee of Arrangements for the coming year: Ald. J. M. Wightman, of Mass.; Dr. E. M. Snow, of R. I.; Ald. Haswell, of N. Y.; Dr. J. B. Biddle, of Pa.; Dr. J. Thompson, of Del.; Dr. Kemp, of Md.; Dr. Selden, of Va.; Dr. Lindsay, of La.

The resolutions and propositions of the Report of the Business Committee having been severally considered, and agreed to

as amended, the question then occurred on the preambles.

On motion of Dr. Condie, the second preamble was stricken out as unnecessary, and the first preamble was approved, as follows:—

Whereas great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigour of enactment which characterizes the legislation of different bodies upon this subject:

The question on the whole report, with preamble, resolutions, and propositions, as severally amended, being then proposed, a recess of five minutes was ordered, on motion of Councilman Haswell, to enable the different delegations to agree upon their representative votes.

The vote having been taken by delegations, nineteen answered Yea, two answered Nay, and two reported a tie.

The report, as amended, was agreed to, as follows:—

The Committee on Business would respectfully present the following as their report:—

Whereas great interest has been awakened in the questions pertaining to commercial intercourse among the nations of the earth, and to the close relations, under some circumstances, of the health of communities to the regulations which affect this intercommunication; and inasmuch as there is great diversity and irregularity in the rigor of enactment which characterizes the legislation of different bodies upon this subject; therefore be it

Resolved, That it is expedient that the system of Quarantine Regulations be revised, and that correct principles, as far as scientific research and observation have developed them, should be the basis of future enactments, to the end that a uniform code, as far as practicable, may be secured in all our ports.

Resolved, That the following propositions be regarded as the sentiment of this Convention:—

1. There are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

2. These diseases are smallpox, and under certain circumstances, typhus fever, cholera, and yellow fever.

3. When the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic or endemic, unless there exist in the community the circumstances which are calculated to produce such disease independent of the importation.

4. That the circumstances alluded to, consist in vitiated states of the atmosphere, from local causes, in connection with peculiar meteorological conditions.

5. Efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension, when introduced.

6. The present quarantine regulations, in operation in most of our States, are inefficient, and often prejudicial to the interests of the community.

7. Disease may be introduced; 1st, by a foul vessel, especially when proper measures are not taken to keep the hold free from stagnant and putrid bilge-water; and more particularly when there exist in the hold droppings or drainage from putrefiable matters which are allowed to penetrate and remain between the timbers of the ship. 2d. By cargoes consisting in whole or in part of rags, cotton or like porous substances, shipped from ports at which any malignant epidemic or endemic disease of a contagious or infectious character prevailed at the time when the vessel was loaded. 3d. By the filthy bedding, baggage, and clothing of immigrant passengers, particularly when these are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease. 4th. By the air that has been confined during the voyage in closely sealed and ill-ventilated holds. 5th. By squalid and diseased passengers landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings. 6th. By passengers and crews, who are actually labouring under, or infected with any positively contagious disease, their bedding, clothing, and baggage.

8. To prevent, therefore, the introduction of disease from the several causes enumerated, the necessity is apparent of pro-

viding a system by which all parts of a vessel may be ventilated during a voyage; and for the careful inspection of all vessels immediately upon their arrival, and before they are allowed to come up to the wharves of a city, for the landing of their passengers and discharge of their cargoes. No vessel, arriving between the 1st of May and the 1st of November, should, in fact, be admitted to a port, until her hold is freely and fully ventilated, nor until the bilge-water is entirely removed.

9. Provision should be made for the immediate landing of all those portions of the cargo of a vessel, and the baggage and clothing that may be judged capable of generating or communicating disease, and for their proper purification, at such places and under such regulations as shall preclude all danger of their exerting a morbid influence, either immediately, or upon their subsequent admission into the city.

10. Provision should be made also for the immediate landing of all such persons from on board of vessels as they arrive, and their due and comfortable accommodation and treatment, until such time as they can be taken charge of, and properly cared for by their friends.

11. In the case of a ship-load of squalid passengers, or those strongly predisposed to disease, their clothing, beds, and other effects, should be at once subjected to a thorough ventilation and purification; and, upon their landing, adequate measures should be adopted to prevent them from crowding together in confined, unhealthy, and ill-ventilated dwellings and localities.

12. When a vessel arrives in a particularly foul condition, or on board of which disease has prevailed during the voyage, after her crew and passengers have been removed from her, she should be subjected to a thorough process of cleansing and purification, for which purpose it may be necessary to discharge her cargo at a safe distance from the city, and to allow only such portions of it to be conveyed there as are incapable of creating disease, the residue being subject to ventilation in such a manner as shall prevent it from suffering damage and all unavoidable deterioration.

13. The carrying out of these provisions should be intrusted to a single officer, with such assistants as may be required to facilitate him in the execution of his functions.

14. This officer should be a regular phy-

sician, of unquestionable talents and experience, and possessed of great decision and rectitude of character.

15. His compensation should be sufficiently ample to enable him to devote his entire attention and energies, throughout the year, to the duties of his office.

16. While the power of removing him for incompetency, neglect, or other adequate cause, should be vested in some competent tribunal, his appointment should be based solely upon his capacity to fulfil satisfactorily his incumbent duties, and his continuance in office made dependent upon his faithful and skilful discharge of those duties.

17. To this officer should be intrusted the sole and entire decision, under certain general provisions established by law, as to the treatment required in the case of each vessel that shall arrive, and of its cargo, crew, and passengers, and to place it and these in a condition to prevent any danger of the introduction by them of disease, he, at the same time, being held to a strict accountability for the manner in which the discretionary power thus confided to him, is executed.

18. As in every community a Board of Health is necessary to watch over its sanitary condition, and to prevent or remove all domestic sources of disease, this body would appear to be the one in which the power of appointing, and the general supervision of the official conduct of the Quarantine Physician may, with the greatest propriety, be invested.

19. In order to procure a uniformity in quarantine regulations throughout the several ports of the United States, the assembling of another, and probably several conventions similar to the present one, will be required.

20. To provide for the assembling of such a convention in 1858, it is suggested that the President, Vice-Presidents, and Secretaries of this Convention, with a committee of one member from each State represented, be continued after our adjournment, as commissioners for the purpose of taking the necessary steps for the call of a convention next year; provided, however, that their powers shall cease immediately upon the assembling and organization of the Convention of 1858.

21. A thorough examination should be made of all immigrants on their arrival, and if they are not protected against smallpox, they should be vaccinated.

22. We recommend that there should be

attached to our Board of Health and Quarantine establishments stations for minute meteorological observations and vaccine establishments; and that records of these be published at stated periods for the public benefit.

23. We advise the introduction of increased comforts for seamen and passengers, and the ventilation and purification of vessels by a more effectual method.

Signed, HENRY F. ASKEW,
Chairman of the Committee on Business.

On motion of Dr. Condie, it was

Resolved, That the vote of each delegation on the adoption of the Report of the Committee on Business be entered on the minutes.

The delegations voting in the affirmative were: Massachusetts—Boston Board of Health, Boston Port Physician (External Health), Boston Marine Hospital (Internal Health); Rhode Island—Providence Board of Health, Providence Medical Association; New York—Board of Health; New Jersey—Newark Board of Health, Camden Board of Health; Pennsylvania—Philadelphia Board of Health, Philadelphia Board of Trade, Philadelphia College of Physicians, Philadelphia County Medical Society; Delaware—Wilmington Board of Health, Medical Association of Wilmington; Maryland—Baltimore Board of Health, Baltimore Board of Trade, Baltimore Medical and Surgical Society, Baltimore Pathological Society. Those who voted in the negative were: Virginia—Norfolk Board of Health, and Norfolk City Council. The delegations from the Common Council of New Orleans and the New Orleans Board of Health reported each a tie vote.

On motion of Dr. Clark, of Boston, Mass., it was then

Resolved, That the Business Committee, with the Secretaries of the Convention, be authorized to revise and print in a convenient form, and distribute to the members of this Convention, its proceedings; including, also, in an appendix, such of the communications which have been addressed to it as they may think proper.

On motion of Mr. Diehl, of Philadelphia, it was

Resolved, That when this Convention adjourns, it adjourn subject to the call of the President of the Convention.

On motion of Mr. Quincy, of Baltimore,

seconded by Dr. Steiner, of Baltimore, it was

Resolved, That the Convention be recommended to hold its next annual meeting in Baltimore.

On motion of Dr. Lindsay, of New Orleans, it was

Resolved, That each municipal body represented in this Convention be recommended to appoint one or more capable persons to keep a record of the invasion or origin and progress of future epidemics that may from time to time visit them, and return a copy of the same to this Convention.

On motion of Dr. Jones, of New Orleans, it was

Resolved—1. That, in addition to the usual quarantine establishments, this Convention recommends the introduction of efficient means for removing all persons of limited means from infection, and for preventing the ingress of immigrants and other unseasoned people into ports and cities labouring at the time under pestilential diseases.

2. That in all cases where rumours and unauthorized reports indicate certain ports or cities as the seats of epidemic and pestilential diseases of the nature provided against, no such reports shall be the basis for action elsewhere, unless sustained by an official declaration of the Boards of Health, or other properly constituted authorities.

3. That all such Boards of Health and other public authorities shall be obligated to declare the existence of invasions of yellow fever and cholera, in their epidemic forms, as they may from time to time make their appearance in the localities under their control.

On motion of Dr. Snow, of Providence, it was then

Resolved, That we recommend the adoption of a complete, accurate, and uniform system of registration of births and deaths in all our cities, as a necessary accompaniment of efficient sanitary measures.

On motion of Councilman Haswell, of New York, it was

Resolved, That the thanks of this Convention be extended to Dr. Wilson Jewell, for the courteous and able manner in which he has presided over our deliberations, and that we congratulate the citizens of the United States upon the promise of benefits

which are confidently expected to arise from the action of this body.

On motion of Dr. Parsons, it was next

Resolved, That the thanks of this Convention be and are hereby tendered to the public officers and to the managers of the public institutions of Philadelphia, for the many civilities extended to the delegates during their attendance in this city.

The thanks of the Convention were, on motion, extended also to the Business Committee and the Secretaries.

The Convention then adjourned.

Jefferson Medical College.—We learn that Dr. R. M. HUSTON has been compelled, from ill health, to resign the Professorship of Materia Medica and Therapeutics in this Institution. Prof. H. was an active and zealous member of the faculty, and contributed largely, by his labours, to the success of the school. We wish him a full share of happiness in his retirement.

Matriculants in Medical Colleges at the Session of 1856-7.—We continue this list from our number for April last, p. 54.

Med. College of Georgia (Augusta) -	160
Med. Depart. University of Michigan -	167
New York Medical College -	106
New Orleans School of Medicine -	75
Medical College of Virginia -	72

OBITUARY RECORD.—Died, at St. Louis, on the 8th of April, after a few days' illness, Dr. THOMAS REYBURN, in the 38th year of his age. Dr. Reyburn formerly filled with distinction the chair of Materia Medica in the St. Louis Medical College.

FOREIGN INTELLIGENCE.

Death from Inhaling Chloroform.—An accident of this kind occurred on the 5th of April last, at the Royal Infirmary, Liverpool. The subject of it was a man 35 years of age, to whom a drachm and a half or two drachms had been administered preparatory to the application of a ligature to the femoral artery for popliteal aneurism. Every effort at resuscitation proved fruitless.

Death from Amylene.—Last week, a patient, aged 33, was operated upon for fistula in ano, by Mr. Fergusson. Previous to the

operation, amylene was administered by Dr. Snow. Unconsciousness was produced in two minutes, and the operation quickly performed, the anæsthetic being inhaled altogether three minutes. The pulse ceased during the operation, but respiration continued for at least ten minutes afterwards. The patient moved after the pulse ceased, and gave signs of rallying. These symptoms proved, however, fallacious, and he died in a few minutes. On examination, there was found slight dilatation of the right ventricle of the heart; the lungs were emphysematous. Dr. Snow concludes that death resulted from the amylene, the condition of the lungs probably tending to the fatal result. This case was the 144th in which Dr. Snow had administered amylene, and on no other occasion was its employment attended by the slightest ill consequence.—*Lancet*, April 18, 1857.

Anæsthetics.—Mr. W. M. CLARKE, Lecturer on Forensic Medicine at the Bristol Medical School, read an interesting paper on this subject before the Bath and Bristol Branch of the British Association. He inquires, first, "why it was that chloroform so soon took the place of ether, notwithstanding that the latter agent was so lauded and held up to be so faultless, when it first came up?" and he comes to the conclusion that it was owing to the greater power of chloroform. "Ether," he remarks, "was somewhat uncertain in its effects, and it was often difficult to produce anæsthesia with it; whilst chloroform was easy to administer, and very effectual to the end proposed. No great importance seems to have been attached to the question of comparative danger; neither does it seem that any one, after chloroform, had ended fatally in many instances, troubled much to compare the two. It is generally admitted that ether was in no case the cause of death, notwithstanding that it was so indiscriminately, and, in many cases, so carelessly administered. On the other hand, it is certain that chloroform has been in fifty cases the cause of death; and that in some of these the result has happened in spite of every precaution, in defiance of every care. Hence it is that we are still seeking a new anæsthetic, and that at the present time we are watching the trial of amylene with so great an anxiety.

"The great disadvantage of chloroform is, no doubt, its danger, and the anxiety that

must always attend its administration. I must, however, after a long and full experience of it, express my confidence in it, and say that it is a means to which we are fully justified in having recourse. But other disadvantages attending its employment have been alleged against it; and it appears to me that they are being made too much of at the present time. These are principally excitement during the operation, and sickness and exhaustion after it." * * * *

"In a certain number of cases, when chloroform is being inhaled, there is excitement, chiefly showing itself by struggling. Out of sixty-eight cases, in which I have taken notes with regard to this point, it occurred twelve times, from which it may be seen, that it is by no means an ordinary effect of chloroform. Moreover, in most of the cases in which there is struggling at first, the patient may be pushed on to a state of quietude. There are, however, a few in which the struggling, being attended with other symptoms similar to those of epilepsy, it would be unsafe to quiet the patient by giving more chloroform, and in which the surgeon must be prepared to operate whilst the patient is held still by assistants. This production of struggling certainly lessens the value of chloroform in a few cases; but they are not very common.

"Sickness, violent, obstinate, and prolonged, even over several days, is undoubtedly one of the most troublesome after-consequences of chloroform. This disadvantage is, I believe, admitted on all hands. All-important, however, as is this consequence, it is certainly not so frequent as is commonly supposed. With reference to this point, I have examined carefully the notes of thirty-four cases, of which I have recorded the details at considerable length. In twenty-nine of these there was no sickness after the inhalation: and they were cases well calculated to test this matter. They included various kinds of operations; and the time during which the patients were kept under the influence of chloroform varied from a few minutes to upwards of an hour." * * * *

"In examining whether chloroform be liable to induce great exhaustion or not, we are at once met by a difficulty which it is not very easy to get over. We cannot well tell how much is to be attributed to the inhalation, how much to the operation itself. It will be remembered that many operations which were scarcely ever performed

before the introduction of chloroform—operations involving considerable time and great shock to the system—are now performed frequently. It would be the tendency of such operations to cause great and protracted exhaustion; and I question much whether the exhaustion, which has been attributed to chloroform, would not often have been greater if the patient had been obliged to be conscious during all the time of a long and tedious operation. I have not seen any evil result from this cause, which could fairly be said to be the effect of chloroform." * *

"Amylene, both in its general properties and also in its physiological effects, appears to be more like ether than chloroform. It differs, however, from both. Than ether it appears to be more effectual, much less liable to produce excitement before begetting insensibility, less disposed to cause subsequent unpleasant effects. On the other hand, it is like ether, in having a very disagreeable odour, in being of low specific gravity and very volatile, in being difficult to administer to a full effect, and in having to be used in very large quantity.

"From chloroform, it differs more. But principally in the same respects that ether differs from chloroform. In short, in its effects, it appears to occupy a middle position between the two. To be more effectual than ether. To be less dangerous than chloroform. It is said not to be attended with struggling; not to be followed by sickness; and in the larger number of cases in which it has been given, this has been proved. Dr. Snow has used it in sixty-two cases, and in only two was there any subsequent sickness."

In conclusion, he states: "I think it very probable that we shall be placed in the same position with regard to anesthetics as to many other medicines. We shall have, most probably, hereafter, to select the most appropriate in each particular case. Thus, as in prescribing mercury, we select the form best adapted to the case before us, so in the production of anesthesia, it will be our wisdom to select the anesthetic which will best suit the requirements of the case before us. Where the operation only involves the skin, we shall do well to employ Dr. Arnott's method, which is most assuredly deserving of more consideration, and of more extended use, than it has hitherto met with. When, on the other hand, the operation is more severe, and likely to be

longer continued, we may choose amylene; and we shall be the more led to do this, if from any reason we suppose that our patient will not bear well the use of chloroform. But when we want to produce the most thorough unconsciousness, when we require to keep up the condition for a long time, and especially when, from any circumstance of the operation, we cannot apply the inhaler with sufficient assiduity for maintaining the effect of amylene, then we shall, I believe, still have recourse to chloroform, which, although it appears to be the most dangerous of the anesthetics at present in use, yet has the great advantage of being by far the most effective.—*British Medical Journal*, March 28, 1857.

Accouchement of the Queen of England; Chloroform administered to her.—The birth of a princess, on Tuesday, took place while the Queen was under the influence of chloroform administered by Dr. Snow. Symptoms of approaching labour manifested themselves on Monday evening; but Dr. Locock and Dr. Snow were not sent for until 2 o'clock on Tuesday morning. The labour was more lingering than in any of her majesty's previous confinements, and it was not until 11 o'clock that Dr. Snow was requested to administer the chloroform. After some time, it appeared that the anæsthetic seemed not only to relieve pain, but to retard the labour, and it was discontinued for a time. It was repeated, however, at intervals, and the princess was born at 45 minutes past 1, her majesty not being in a state of total insensibility, although unconscious of pain.—*Med. Times and Gaz.*, April 18, 1857.

Perchloride of Iron in Hemorrhoids.—M. THIERRY states that he treats hemorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they sink and disappear. The cure may not be radical, and they may reappear under the influence of the causes that originally produced them; but this is only the case after a considerable period, and in the mean time health is restored and occupation resumed. M. Thierry employs the same treatment with success in varix. *Union Méd.*, 1856, No. 101.

Case of Late Dentition.—Dr. DEUTSCH was called in consultation to a man, 34 years

of age, who for some weeks past had been the prey of intense pains in the head and face, the origin of which he had at first attributed to several decayed molars, the crowns of which were destroyed. There was very great swelling of the neck and face, abundant discharge of saliva, and difficulty of deglutition. But the most remarkable thing was the appearance of several new teeth. Thus, somewhat in front of the incisors of the upper jaw, four new incisors were found irregularly disposed, two in like manner presenting themselves in front of the two middle incisors of the lower jaw. New canine teeth also appeared in the upper jaw, between the incisors and the canines. In the lower jaw the new canines sprung up from below and in front of the old ones. The two bicuspidæ in each jaw and on both sides were pressed backwards by new bicuspidæ. With respect to the second molars of the upper and under jaw of the right side, and of the upper jaw of the left side, the new teeth appeared in the midst of the decayed molars without displacing these, and in such a manner that the remains of the old tooth-walls formed partial envelopes for the new. No new teeth were found corresponding to the first molars, although the old ones were carious, or to the second molar of the lower jaw of the left side. All the third molars were broken away. All the old teeth were so firmly placed as to be removable only by force. The new teeth were very fine ones. From the time of their appearance the patient's suffering ceased, although the effects of this continued some time to be apparent. A skilful dentist gradually removed all the old teeth, and those of the new which had grown out amidst the old were removed with these latter. Some months afterwards, the new teeth had assumed a very orderly position, the separations between them being very slight. The patient does not remember losing teeth at the usual period of the second dentition. The author adds, that in his own case two molars of the lower jaw, which were extracted in his twenty-fifth year, were in the course of a year replaced by two new, good, and durable teeth. — *Med. Times and Gaz.*, March 28, 1857, from *Berlin Med. Zeitung*. 1856. No. 43.

Electro-Puncture in a Case of supposed Extra-Uterine Fœtation.—*L'Union Médicale* gives an account of a case of this abnormal course of conception, treated by Dr.

BACHETTI, of Pisa. The patient was twenty-nine years of age, had had several children before, and presented, in the third month of pregnancy, a tumour in the left iliac fossa, which was looked upon by Dr. Bachetti and Drs. Burci, Torri, and Bartolini, who were called in consultation, as the result of a tubal extra-uterine fœtation. It was first attempted to arrest the development of the fœtus, and prevent the fatal hemorrhage which generally takes place after the third month, by frictions of mercury and hemlock; but recourse was finally had to electro-puncture, with the view of destroying the fœtus, and this was accomplished by the implantation of two needles into the tumour, and directing into the latter an electro-magnetic current. Some pain was experienced by the patient, and it was surmised that the development of the fœtus was arrested. Nor were the physicians disappointed in this respect, as the tumour rapidly diminished, and was reduced to the size of a pigeon's egg, after having been as large as a man's fist. The catamenia, which had not appeared for three months, returned, and the patient is doing well. It may of course be asked whether the diagnosis was quite correct, and whether the tumour might not have been simply an ovarian one. The operation itself, and the results, are nevertheless facts of great value, and may open a new field of inquiry to those who have to cope with abdominal tumours in female. — *Lancet*, May 2, 1857.

Microscopical Soirée.—On Tuesday evening a microscopical *soirée* was held at Apothecaries' Hall. A great number of microscopes was exhibited, the walls of the rooms were covered with coloured diagrams (illustrative of microscopic structures and of various objects of natural history), and the tables were decorated with exotic plants, including palms, ferns, the pitcher plant, and many others. Among the microscopic objects exhibited were, the circulation in the foot of the frog, and in the branchia of the tadpole; the partial circulation, or cylosis, in certain vegetables, the *Chara*, the *Nitella*, the *Valisneria spiralis*, and the plant lately discovered, the *Anacharis alsinastrum*; infusorial and rotiferous animalcules, and various forms of polypifera in a living condition; specimens of micrographic writing and photography, and minute shells and crystals, exhibited both by common and

polarized light. In fact, it may be stated that every form of microscope, and every kind of illustration, were to be seen, the whole of the Microscopic Society having been invited, together with all the London manufacturers of that instrument, including Mr. Ross, Messrs. Smith and Beck, Mr. Pillischer, etc. Among the coloured illustrations hanging on the walls, considerable interest was excited by the original sketches, made by the late Sir Charles Bell, on the field of Waterloo, exhibiting various forms of gunshot and sabre wounds. Mr. Quekett's diagrams, illustrative of vegetable structures, and those of Dr. Lionel Beale, showing the minute structure of the liver, and his representations of urinary crystals and calculi, were also much admired. A specimen of bronzed skin attracted much attention. It showed very beautifully the deposit of pigment over the ridges of the papillae. Among the philosophical apparatus displayed was a beautiful instrument, constructed by Mr. George Knight, in which the continuous current of electricity produced by the galvanic battery is converted, by passing through three miles of copper wire coiled round a bundle of iron wires, into a spark of such intensity as to give a vivid aurora light through a vacuum forty inches in length. The rooms were crowded during the evening, and among the visitors we noticed many gentlemen distinguished in the medical profession or in the pursuit of natural science. The arrangements reflected great credit on the stewards.—*Med. Times and Gaz.*, May 2, 1857.

Modern Treatment of Cancer.—A very interesting discussion took place at the Medical Society of London on Saturday last, on the subject of the modern treatment of cancer by caustic applications. The paper of the evening was written by Mr. MOULLIN, who described the mode of treatment adopted by himself with success in some recent cases. His method, which is already known to the profession, consists in first applying nitric acid, so as to cauterize the skin over the carcinomatous breast, then applying a paste of chloride of zinc, making incisions into the slough thus produced, and reapplying the paste. After some days the cancer is enucleated, and in all the cases recorded by Mr. Moullin, except one, the patients have recovered; but as only a short time has yet elapsed since the cicatrization of the wounds,

no opinion can be formed as to the return of the disease. In the course of the discussion which followed the reading of the paper, an unfavourable opinion was generally expressed of the treatment of cancer by enucleation, by means of caustics, and it was argued by some that Mr. Moullin had not proved his cases to be really cancerous, as no microscopic examination of the tumours had been instituted; while others, admitting the existence of cancerous disease, considered that extirpation by the knife offered at least quite as great a chance of cure as the treatment by caustics. In comparing amputation with enucleation, it was urged by most of the speakers, that without entering upon the question whether any surgical means were advisable or otherwise, the removal by the knife was, by the aid of chloroform, far more expeditious and less painful than the plan adopted by Mr. Moullin; and Dr. Rogers adverted to a fatal case which had fallen under his notice, in which Dr. Fell's treatment had been adopted at the Middlesex Hospital. In this instance, the patient was said to have suffered great agony during the application of caustics, and her death occurred without any assignable cause, while she was under Dr. Fell's hands. It should be observed, that her death was not in any way attributed to the treatment, but occurred somewhat suddenly and unexpectedly. Mr. Birkett, of Guy's Hospital, declared the result of his observation to have been that, without reference to Dr. Fell's or Mr. Moullin's cases, all the supposed instances of cancer cure were fallacies, for either the tumours removed were not really cancerous, or the disease had returned after the enucleation. In justice to Mr. Moullin, it must be stated that the general impression entertained by the meeting was, that his cases were really instances of cancer, although microscopical evidence was wanting to prove their nature with absolute certainty; but that, as a very short period had passed since his operations, he would confer an obligation upon the Society and upon the profession, if he would watch the future progress of the patients, and report the results. Under present circumstances, such cases, honestly recorded, and traced to their termination, must possess a very high degree of interest.—*Ibid.*

Jacksonian Prize.—The council of the College of Physicians have awarded this

prize to Victor de Mérie, Esq., for his Essay on the Pathology and Treatment of Syphilis.

Edible Seaweeds.—Some very interesting experiments were published in the July number of the *Edinburgh New Philosophical Journal*, by Dr. John Davy, on the constitution of certain edible seaweeds—the *Chondrus crispus*, the *Rhodomenia palmata*, *Porphyra lacunata*, *Laminaria digitata*, and *Fucus vesiculosus*. The main result was the determination of the presence of a larger quantity of nitrogen than is contained in the best flour. We merely allude to Dr. Davy's observations, that we may draw attention to the fact that two prizes of £50 and £20 respectively, have been offered by Sir C. Trevelyan, Bart., for the best essays on the application of the marine algæ and their products as food or medicine for man and domestic animals. We regret that we have not space to do more than advert thus briefly to the matter.—*Ibid.*

Liberty of the Medical Press in France.—After the celebrated *coup d'état*, which established the position of the present ruler of France, not a word was allowed to transpire in the French medical journals respecting the fate or treatment of the wounded. Not a case was related, not a clinical observation made; and as far as could be learned from these journals, such an event, even as regarded its scientific teachings were concerned, had never occurred; although respecting former outbreaks no such silence had ever been observed. Matters do not seem to be much better now, the medical journals being subjected to the same interdict as the political ones, for instance, of not discussing the mental state of Verger the assassin of the archbishop. The editor of the *Moniteur des Hôpitaux*, after having in a previous number stated his intention of discussing at full the reasons which, in his mind, proved Verger to be insane, has been obliged in a subsequent one to announce that he is under the necessity of abandoning this project.—*Ibid.*

Quackology.—"One of the most impu-

dent of the class I ever read of was Dr. Graham, the inventor of the 'Electrical Ether,' the 'Nervous Etheral Balsam,' the 'Imperial Pills,' the 'Liquidambar, or Preventive Lotion,' the 'British Pills,' and the 'Bracing or Restorative Balsam.' Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the 'Electrical Cure' his point. He opened in Pall-mall the 'Temple of Health and of Hymen,' in 1781-82, whither people resorted to be healed, and where, 'at the electrical altar, or on the medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full, genial tides of the celestial electric fire or vital light, magnetic effluvia, vivifying and ethereal nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!

"This was pretty extensive in its way, but was nothing to the doctor's private medical advice to married ladies and gentlemen who are not blessed with children. Here he out-Herod's Herod! He can fan and blow up the smallest spark of our virility, or even the expiring embers of affection, and the vital generative powers in either sex, into a genial and prolific flame . . . so as to make man and wife sweeter, lovelier, and more desirable in the eyes of each other, the lady (age no matter) speedily becoming a healthy and happy mother!

"In the 'Temple of Health and Hymen,' Dr. Graham gave great allegorical morning concerts; to his name, odes, sonnets, and acrostics, were written; some absurd, and others infamously wicked.

"The reader interested in Quackology will find, in the library of the Medical Society of London, the transactions of this great quack, who, if the story there given be no exaggeration or satire, was, assuredly, the King of Quackdom in the eighteenth century.

I am, &c., B. Cos."

—*Med. Times and Gaz.*, Nov. 29, 1856.

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